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0507463

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90095 020 ***150.00

DOCUMENT # **P95000089630**

1. Corporation Name

FRAGRANCE TECHNOLOGIES INC



Principal Place of Business

**11422 WILLOW GARDENS DR
WINDEMERE FL 34786**

Mailing Address

**11422 WILLOW GARDENS DR
WINDEMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

59-3336855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

511 ROPER PARKWAY

2a. Mailing Address

11422 WILLOW GARDENS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCFEE, FLORIDA

City & State

WINDEMERE, FL 34786

Zip

34761

Country

USA

Zip

34786

Country

USA

9. Name and Address of Current Registered Agent

**MARTIN, DAVID
11422 WILLOW GARDENS DR
WINDEMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MARTIN, DAVID**
STREET ADDRESS **11422 WILLOW GARDENS DR**
CITY-ST-ZIP **WINDEMERE FL 34786**

TITLE **PD** ☐ DELETE

NAME **MARTIN, JANICE**
STREET ADDRESS **11422 WILLOW GARDEN DRIVE**
CITY-ST-ZIP **WINDEMERE FL 32786**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

407-876 7336

Daytime Phone #

CR2E034 (11/98)