

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000094351

1. Corporation Name

ESCENTS OF LIFE, INC.

Principal Place of Business

900 EAST ATLANTIC AVENUE
SUITE 2N
DELRAY BEACH FL 33483
US

Mailing Address

900 EAST ATLANTIC AVENUE
SUITE 2N
DELRAY BEACH FL 33483

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90218 050 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

65-0722640

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

21 360 NE WAVECREST
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1671
Suite, Apt. #, etc.

22 WAY

27

23 BOCA RATON, FLA

28 City & State

SOUTHERN PINES NC

24 33432

25 Country

USA

29

Zip

28388-1071

9. Name and Address of Current Registered Agent

TOMPKINS, RANDI S.P.A.
2255 GLADES ROAD
SUITE 300 E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

DENISE ACHEE-RODRIGUES

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

360 NE WAVECREST WAY

83

84

BOCA RATON

FL

85 Zip Code

33432

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 Denise Achee-Rodrigues DENISE ACHEE-RODRIGUES 4/29/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME SHANNON, ANITA
STREET ADDRESS 900 EAST ATLANTIC AVENUE, SUITE 2N
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ DELETE
NAME SHANNON, ANITA
STREET ADDRESS 900 EAST ATLANTIC AVENUE, SUITE 2N
CITY-ST-ZIP DELRAY BEACH FL 33483

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. BOX 1671
1.4 CITY-ST-ZIP SOUTHERN PINES, NC 28388

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 360 NE WAVECREST WAY
2.4 CITY-ST-ZIP BOCA RATON, FLA 33432

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

910-693-242

CR2E034 (11/98)