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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072084

1. Corporation Name

THE FR	agrance depot of Mich	Higan, In	IC.									
Principal Plac	e of Business	Mailing	g Address					. I FANSINDS IN TRIST INDIT ONLY	. EDIŞI ODŞIL ÇƏNIŞ		1 (B) 8 B B	
12801 W SUNR		-	W SUNRISE BLVD									
STORE #201	INCE BLAD	STORE					- }					
SUNRISE FL 33323 SUNRISE FL 33323					-	-		DO NOT.W		SPACE:==		;
							3	Date Incorporated or Qualif	ed		ľ	
								<u>08/18/19</u> 97				
2. Principal P	Place of Business	2a. Ma	ailing Address				4	, FEI Number		A	pplied For	
21		26		_				<u>65-0794675</u>			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					6. Certifcate of Status Desired			Additional equired	
City & Stat	te		ty & State				6	. Election Campaign Financin	ıa	\$5.00	May Be	
23		28	•					Trust Fund Contribution	'9 🗆		to Fees	
Zip	Country	Zip)	Co	untry		_ R	This corporation owes the c	urrent vear In	tangible		
24	25	29		30	-		"	Personal Property Tax.	,	Yes	□No	
	9. Name and Address of Currer		ed Agent	1001	T		10). Name and Address of Nev	w Registered	Agent		
					81	Name						
	ella, john w D1 w Sunrise BLVD				82	Street Add	dress (P.O. Box Number is Not Acce	ptable)			
	RE #201				83							
0.10	IRISE FL 33323				84					85 Zip	Code	
SUN						l Citv					f .	
	to the provisions of Sections 607.050	02 and 607.1	1508, Florida Statu	rtes, the		City	rporation's b	on submits this statement for t	he purpose of		s registered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both? in the State im farmiar with, and accept the policy Signature, year or printed name of registered age	ent and title if appl	olicable. (NOT	E: Registere	above ed by itutes.	e-named cor		n reinstating)	he purpose of cept the appo U-9	changing its intment as re		4
11. Pursuant office or agent. I a SIGNATURE	Signature, typed or printed name of registered age	ent and title if appl	olicable. (NOT	E: Registere	above ed by atutes.	e-named.cor the corporat			he purpose of cept the appo U-9	changing its intment as re		44
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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.

6.4 CITY-ST-ZIP

SIGNATURE: