## 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** 

## May 24, 1999 8:00 am Secretary of State

05-24-1999 90012 044 \*\*\*150.00

DOC	CUM	ENT	#

Corporation Name

CHAMP AIR FRESHENERS, INC.

564267 - 90012 - 6 7 +

				_	*
Principal Place	e of Business	Mailing Address	-aray w #2	1	
12951	METRO PKWY. #6	6900-29 04	NEADLE TRWIT 3	<b>*</b> P	
Principal Place of Business  1295/ METRO PKWY.#6  6900-29 DANDERS  FT. MYERS, FC 33912  FT. MYERS, FL 37		2 37912	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 12551	METRO PKWY.	26 6900-29 DAN	TOUS TRAT.	22-36/5577	Not Applicable
Suite, Ant.	,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	175et, FL	City & State  28 Fors MY FY  Zip	I, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <b>3</b> 791	Country	Zip 29 379/2 30	Country LEE	This corporation owes the current year Intanger     Personal Property Tax.	gible Yes <b>X</b> No
<del></del>	9. Name and Address of Current			10. Name and Address of New Registered Ag	ent
			81 Name		
JOHN A. MORAN 1801 BRANTING RD # 1716 FT. MYENS, FL 33907		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
		83			
		84 City		85 Zip Code	
				┡┺┊	
office or re	to the provisions of sections 607.0502 gistered agent, or both, in the State on familiar with, and account obligation of the sections of the section of the secti	f Florida. Such change was auth	orized by the corporation	pration submits this statement for the purpose of chin's board of directors. I hereby accept the appointm  5-17-99 when reinstating)  OATE	nent as registered
SIGNATURE			gistered Agent signature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	P, Ehm JOHN A. MARAN	☐ DÉLETE	1.1 TITLE	L	
NAME	1801 TRANTIAN RO	± 1716	12 NAME		
STREET ADDRESS	FUNT MY GAL, FL	33107	1.3 STREET ADDRESS		
CITY-ST-ZIP	(5101 1444) 72	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		O DECETE		_	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME			3.2 NAME		
STREET ADORESS		•	3.3 STREET ADDRESS		
- '			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		/-	6.2 NAME	_	<del>-</del>
J			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
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 chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

JOHN A. MORAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR