

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:09

DOCUMENT # 756386 (9)
1. Corporation Name
ELECTROLYSIS SOCIETY OF FLORIDA, INC.

Principal Place of Business Mailing Address
103 W STANLEY ST TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1981 3a. Date of Last Report 03/22/1994
4. FEI Number 59-2184313 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24

9. Name and Address of Current Registered Agent

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

ALVAREZ, SARA
103 W STANLEY STREET
TAMPA FL 33604

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

(NOTE: Registered Agent signature required when reappointing)

DATE 1/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ALVAREZ, SARA
STREET ADDRESS	103 W STANLEY ST
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	ADAMS, JUDY
STREET ADDRESS	2715 AIA SOUTH C
CITY-ST-ZIP	ST AUGUSTINE BCH FL
TITLE	SD
NAME	HERMANSPAN, KAREN
STREET ADDRESS	10692 S US 1 #C
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	T
NAME	LOTT, REIDI
STREET ADDRESS	1855 W. S.R. 434, SUITE 200
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD
NAME	HUTSON, GINGER
STREET ADDRESS	3616 ST JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	SHAWL, JUDITH
STREET ADDRESS	3221 NW 13TH ST C1
CITY-ST-ZIP	GAINESVILLE FL

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adams, Judy	
1.3 STREET ADDRESS	651 AIA Beach Blvd - C	
1.4 CITY-ST-ZIP	St. Augustine Beach FL 32084	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Monteagudo, Robbie	
2.3 STREET ADDRESS	7800 Red Rd #103	
2.4 CITY-ST-ZIP	South Miami, FL 33143	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bukaty, Cathy	
3.3 STREET ADDRESS	Orlando Medical Plaza	
3.4 CITY-ST-ZIP	1405 S Orange Ave, Suite 501 Orlando, FL 32806	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		32750-5071
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		32205
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wilson, Karen	
6.3 STREET ADDRESS	8711 - 5 Cypress Lake Dr,	
6.4 CITY-ST-ZIP	Et. Myers, FL 33919	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reidi C. Lott*, Reidi C. Lott Treasurer 1-23-95 407-260-5715
Signature and typed or printed name of signing officer or director Date (Month/Year)