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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
103 W STANLEY ST TAMPA FL 33604 103 W STANLEY ST TAMPA FL 33604-4055

3. Date Incorporated or Qualified 02/16/1981 3a. Date of Last Report 02/12/1996

2. Principal Place of Business 2a. Mailing Address
21 1855 W. S.R. 434 Suite 200 26 1855 W. S.R. 434
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Longwood Florida 27 Suite 200
City & State City & State
23 32750-5071 28 Longwood Florida
Zip Country Zip Country
24 25 Seminole 29 32750- 30 Seminole

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 5071
ALVAREZ, SARA
103 W STANLEY STREET
TAMPA FL 33604

10. Name and Address of New Registered Agent
81 Name Reid C. Lott
82 Street Address (P.O. Box Number is Not Acceptable) 1855 W. S.R. 434
83 Suite 200
84 City Longwood FL 85 Zip Code 32750-5071

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Reid C. Lott* DATE 1-21-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JUDY	1.2 NAME	
STREET ADDRESS	651 A1A BEACH BLVD - C	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEAGUDO, BOBBIE	2.2 NAME	700002074667
STREET ADDRESS	7800 RED RD. #103	2.3 STREET ADDRESS	-01/31/97--01009--044
CITY-ST-ZIP	SOUTH MIAMI FL	2.4 CITY-ST-ZIP	***61.25
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKATY, CATHY	3.2 NAME	Natividad Hodge
STREET ADDRESS	1405 S. ORANGE AVE., SUITE 501	3.3 STREET ADDRESS	4321 Mas craft street
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, REIDI	4.2 NAME	
STREET ADDRESS	1855 W. S.R. 434, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTSON, GINGER	5.2 NAME	Karen Hermanspan
STREET ADDRESS	3816 ST JOHNS AVE	5.3 STREET ADDRESS	10692 S. W.S. 1, #C
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Port St. Lucie, FL 34952-1371
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KAREN	6.2 NAME	Deborah Musgrove
STREET ADDRESS	8711-5 CYPRESS LAKE DR.	6.3 STREET ADDRESS	1405 S. ORANGE AVE, SUITE 501
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	Orlando, FL 32806

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reid C. Lott* DATE 1-21-97 (407) 260-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0047134

CR2E037 (9/96)