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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 756386 (9)

1. Corporation Name
ELECTROLYSIS SOCIETY OF FLORIDA, INC.



Principal Place of Business: 1855 W.S.R. 434, SUITE 200, LONGWOOD FL 32750-5071

Mailing Address: 1855 W.S.R. 434, SUITE 200, LONGWOOD FL 32750-5071

3. Date Incorporated or Qualified: 02/16/1981

4. FEI Number: 59-2184313

2. Principal Place of Business: 21 1 Florida Park Drive, 22 Ste # 320, 23 Palm Coast FL, 24 32137

2a. Mailing Address: 26 1 Florida Park Drive, 27 Ste # 320, 28 Palm Coast FL, 29 32137

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LOTT, REIDI C
1855 W.S.R. 434
SUITE 200
LONGWOOD FL 32750-5071

10. Name and Address of New Registered Agent
81 Name: Sharon M. Cimorelli
82 Street Address (P.O. Box Number is Not Acceptable): 1 Florida Park Drive #320
83
84 City: Palm Coast FL 85 Zip Code: 32137

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: Judy Adams (Current Agent), Sharon Cimorelli 1-23-98 (New Agent)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | ADAMS, JUDY | |
| STREET ADDRESS | 651 A1A BEACH BLVD - 2A | |
| CITY-ST-ZIP | ST. AUGUSTINE BEACH FL | |
| TITLE | VD 2nd Vice President | <input type="checkbox"/> DELETE |
| NAME | MONTEAGUDO, BOBBIE | |
| STREET ADDRESS | 7800 RED RD. #103 | |
| CITY-ST-ZIP | SOUTH MIAMI FL | |
| TITLE | SD Corresponding Secretary | <input type="checkbox"/> DELETE |
| NAME | HODGE, NATIVIDAD | |
| STREET ADDRESS | 4321 MASERATI STREET | |
| CITY-ST-ZIP | SEBRING FL 33872 | |
| TITLE | Treasurer | <input type="checkbox"/> DELETE |
| NAME | LOTT, REIDI | |
| STREET ADDRESS | 1855 W. S.R. 434, SUITE 200 | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HERMANSPAN, KAREN | |
| STREET ADDRESS | 10892 S. U.S. 1, #C | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34952 | |
| TITLE | SD Recording Secretary | <input type="checkbox"/> DELETE |
| NAME | MUSGROVE, DEBORAH | |
| STREET ADDRESS | 1405 S. ORANGE AVE, SUITE 501 | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SHARON CIMORELLI |
| 4.3 STREET ADDRESS | 1 FLORIDA PARK DRIVE #320 |
| 4.4 CITY-ST-ZIP | PALM COAST, FL 32137 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Adams (Current Agent), Sharon Cimorelli 1-23-98 (New Agent)

CFR037 (10/97)