

2-2495-B-1509-C

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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 FEB 24 PM 3:37

DOCUMENT # L61302 (0)

1. Corporation Name

ELECTROLYSIS & SKIN CARE OF BOCA, INC.

Principal Place of Business

Mailing Address

8177 WEST GLADES ROAD  
SUITE 213  
BOCA RATON FL 33434-4022

8177 WEST GLADES ROAD  
SUITE 213  
BOCA RATON FL 33434-4022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/30/1990

09/29/1994

4. FEI Number

65-0198034

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLAN, LOUISE  
8177 W. GLADES RD. #213  
BOCA RATON FL 33434-4022

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature typed or printed (name of registered agent) and title, if applicable

Signature typed or printed (name of registered agent) and title, if applicable

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME POLAN, LOUISE  
STREET ADDRESS 8177 WEST GLADES RD. 213  
CITY ST ZIP BOCA RATON FL

1. TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2. NAME  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3. STREET ADDRESS  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4. CITY ST ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5. TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6. NAME  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

7. STREET ADDRESS  Change  Addition

SIGNATURE: Louise Polan

Louise Polan 2/18/95 407 488-3444