## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400084806 (6)

SKINTEC, INC.

Principal Place of Business	Mailing Address
BOS1 HAMPTON WOOD DR	8091 HAMPTON WOOD DR
BOCA RATON FL 33433	BOCA RATON FL 33433-1145

FILED
May 02 1997 8:00am
Secretary of State



							3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last R 04/16/1996	eport	
2. Principa	Place of Busi	ness	2a.	Maiting Address		<del></del>	4. FEI Number	<del></del>	oplied For	
21	26				65-0600062	No	ot Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired			
City & State         City & State           23         28			City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zφ		Country Zip Coun				atry	This corporation has liability for intengible tax under s. 199.032,			
24	4 25 29 30						Florida Statutes			
.,,,	9. Nami	and Address of Curr	ent Registe	red Agent			10. Name and Address of New Re	istered Agent		
J	ohn, Micha	EL			Į.	81 Name				
8091 HAMPTON WOOD DR					- 1	82 Street Address (P.O. Box Number is Not Acceptable)				
В	BOCA RATON FL 33433					Street Address (F.O. BOX Manifest is 1401 McCeptable)				
					ſ	63				
					-	B4 City		es Zin	Code	
		sions of Sections 607.0 gent, or both, in the Sta with, and accept the obl	502 and 607 ate of Florida ligations of,	7.1508, Florida Stat i. Such change was Section 607.0506, I	utes, the ab authorized Florida Statu	ove-named by the corputes.	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing it If the appointment as	s registered registered	
SIGNATUR	Signature type	a or printed name of registered a	agent and title if	applicable (NC	TE: Registered	Agent signature	required when reinstating)	DATE		
12.		OFFICERS A	ND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12	
3:TLE	D			☐ DELETE	1.1 717)	LĒ	-	☐ Change	Addition	
NAME		MICHAEL			1 2 NA	ME				
STREET ADDRES	ss   8091 HA	ampton wood DR			13 STF	IEET ADDRESS				
CITY-ST-ZIP	BOCA F	RATON FL 33433			1.4 C/T	Y-ST-ZIP				
THEF				☐ DELETE	21 TIT	LF .		Change	Addition	
NAME	i				2.2 NA	ur İ				
THE STATE	- 1				1.2,72.	***				
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	38				2.3 STF		•	191		
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STREET ADDRES	35			☐ DELETE	2.3 STF 2. 4 CIT	REET ADORESS 1Y-ST-ZIP LE		·	Addition	
STREET ACORES  CITY - ST - ZIFI  TUTLE				DELETE	2.3 STR 2. 4 CH 3.1 THT 3.2 NAJ	REET ADORESS 1Y-ST-ZIP LE		·	Addition	
STREET ADDRES  CITY-ST-ZEP  TIFLE  NAME  STREET ADDRES				☐ DELETE	2.3 STR 2.4 CH 3.1 THT 3.2 NAJ 3.9 STR	REET ADORESS IY-SI-ZIP LE ME		·	Addition	
STREET ACHIRES  CITY-ST-ZIFI  TIFLE  NAME				☐ DELETE	2.3 STR 2.4 CH 3.1 THT 3.2 NAJ 3.9 STR	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		·	Addition	
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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 supplied tat annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, the 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

11 22 47

1800941444

Daytime Phone #