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03-09-1999 90067 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000057560

1. Corporation Name  
ELECTROLYSIS FOR ATHLETES, INC.



Principal Place of Business: 12856 ARROWWOOD DRIVE, PALM BEACH GARDENS FL 33418  
Mailing Address: 12856 ARROWWOOD DRIVE, PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1998  
4. FEI Number: 65-0867371  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business: 21 2300 Palm Beach Lakes Blvd, 22 Suite 104, 23 West Palm Beach, FL, 24 Zip 33409, 25 Country Palm Beach  
2a. Mailing Address: 26 2300 Palm Beach Lakes Blvd, 27 Suite, Apt. #, etc. Suite 104, 28 City & State West Palm Beach, FL, 29 Zip 33409, 30 Country Palm Beach

9. Name and Address of Current Registered Agent  
WILLIAMS, JOY  
2300 PALM BEACH LAKES BOULEVARD  
SUITE 104  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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: Joy Williams (NOTE: Registered Agent signature required when reinstating) DATE: 2/19/99

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D WILLIAMS, JOY, 12856 ARROWWOOD DRIVE, PALM BEACH GARDENS FL 33418.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joy Williams (NOTE: Registered Agent signature required when reinstating) DATE: 2/19/99 Daytime Phone #: 561-471-9594

CR2E034 (11/98)