

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 23 PM 1:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13561

(8)

1. Corporation Name

HELENE SKIN CARE CLINIC, INC.



Principal Place of Business

13400 SOUTH CLEVELAND AVENUE
FT. MYERS FL 33907

Mailing Address

13400 SOUTH CLEVELAND AVENUE
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1992

3a. Date of Last Report

03/14/1996

4. FEI Number

65-0315462

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

2. Principal Place of Business

21 6260 PRESIDENTIAL CT.

2a. Mailing Address

26 6260 PRESIDENTIAL CT.

Suite, Apt. #, etc.

22 SUITE # 2

Suite, Apt. #, etc.

27 SUITE # 2

City & State

23 FORT MYERS, FL.

City & State

28 FORT MYERS, FL.

Zip

24 33919

Country

Zip

29 33919

Country

30

9. Name and Address of Current Registered Agent

BUTZKE, HELENE
6390 MARK LANE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BUTZKE, HELENE
STREET ADDRESS 13400 S CLEVELAND AVE
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME DUDLEY, THOMAS
STREET ADDRESS 6390 MARK LANE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6260 PRESIDENTIAL CT. #2
FORT MYERS, FL. 33919

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

300002251643--6
-07/29/97--01132--008
****225.00 ****225.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

7-17-1997

CR2E034 (4/97)

1540 TREDEGAR DR.
(WHISKEY CREEK SUB.)
FT. MYERS, FL 33919

PHONE & FAX
(941) 437-1129

RICHARD P. ROHALEY

Accountant

JULY 18, 1997

(2)

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500

RE: HELENE SKIN CARE CLINIC, INC.
ANNUAL REPORT - YEAR 1997

FOR PROFESSIONAL SERVICES RENDERED:

SUBJECT TAXPAYER BUSINESS IS IN RECEIPT OF YOUR "2ND NOTICE" AS TO THE SUBJECT REPORT. THE ORIGINAL RETURN (1ST NOTICE) WAS NEVER RECEIVED. THIS IS ASSUREDLY DUE TO THE FACT THAT TAXPAYER MOVED FROM 13400 S. CLEVELAND AVE. TO 6360 PRESIDENTIAL CT.#2 ON JULY 1, 1996.

IMMEDIATELY UPON RECEIPT OF SAID 2ND NOTICE TAXPAYER CALLED ME TO UNDERSTAND WHAT THIS IS ALL ABOUT, NOT KNOWING ANYTHING ABOUT THE MATTER AT HAND. A CHECK FOR THE ORIGINAL FILING AMOUNT OF \$225.00 IS ENCLOSED, WITH A REQUEST THAT YOU ABATE THE DOUBLED PENALTY DUE TO THE ABOVE-DESCRIBED CIRCUMSTANCES. THE NEW RETURN FORM YOU SENT ALONG WITH THE 2ND NOTICE IS ALSO BEING RETURNED, REFLECTING THE NECESSARY ADDRESS CHANGES.

RESPECTFULLY SUBMITTED,

Richard P. Rohaley

RICHARD P. ROHALEY

ACCOUNTANT

cc: HELENE BUTZKE