FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

693453

(3)

21ST CENTURY HEALTH SPAS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

FILED Feb 09 1996 8:00 am Secretary of State

|--|--|

7500 BEACH BLVD. JACKSONVILLE FL 32216		7500 BEACH BLVD. JACKSONVILLE FL 32216						
					3. Date Incorporated or Qualified 07/06/1981	3a. Date of Last R 03/28/	eport 1 995	
t. Principal Piac 1	ce of Business	2a. Mailing Address			4. FEI Number 87-0371937	↓	Applied For	
Suite, Apt. #.	. etc	26			Certificate of Status Desired	\$8.75	Not Applicable Additional Required	
Orty & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	O May Be d to Fees	
Zφ	Country 25	Zip [29]	Count	ry	8. This corporation has liability for it Florida Statutes Yes	ntangible tax under s		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	egistered Agent		
			8	1 Name				
7500 B	Westbrock, Gerald R. 7500 Beach Blvd.			2 Street Add	Address (P.O. Box Number is Not Acceptable)			
JACKS	ONVILLE FL 32216		Ē	3				
			ε	4 City		FL 85 Z	p Code	
2.	ig ature, tyrkst oliphide financial regelered agest OFFICERS ANI PD	D DIRECTORS	(NOTE: Registered A		ed when reinstating) ADDITIONS/CHANGES TO OFFI			
MF FIELDODRESS	WESTBROCK, GERALD R. 7500 BEACH BLVD. JACKSONVILLE FL	☐ DELETE	1 -1 TITL 1.2 NAM 1.3 STR	1		Change	☐ Addition	
trist zie.	VD VD	[] DELETE	1.4 CHY 2.1 THTL	- SI - ZIP		☐ Change	☐ Addition	
ME HELL ADDRESS	ZAX, STEPHEN D. 3037 WILMINGTON AVE. DAYTON OH		2 2 NAM	1				
Y ST ZIP. LE	ST	DELETE	2.4 City 3. 1 Titu			[] Change	☐ Addition	
MI IM	SNIDEMAN, JOHN F.		3 2 NAM	E				
EELI ADORESS	4625 SOUTH 2300 EAST SALT LAKE CITY UT		1	EET ADDRESS				
_f .Y+SI+ZH;		☐ DELETE	4 1 TITL	- ST - ZIP F		☐ Change	Addition	
ME			4 2 KAN	F				
FEET ADDRESS			1	ET ADDRESS				
Y-SI-ZIF Lf		☐ DELETE	5 1 TITE	- ST - ZIP F		Change	☐ Addition	
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MI			5 2 NAM	t				
FEET ADORESS				ET ADDRESS				
HELL ADORESS In ST-ZIP		T OF FTF	5 3 \$1RI 5 4 CITY	ET ADDRESS - ST- ZIP		□ Channa	☐ Addition	
MMI IFEEL ADORESS (In SE-ZIP ILE IMM		☐ DELETE	53\$1RI	EF ADDRESS -ST-ZIP E		Change	Addition	
FEEL ADORESS TY ST-ZIP LEF	· · · · · · · · · · · · · · · · · · ·	DELETE	5 3 \$1RI 5 4 CHY 6 1 THL 6 2 NAV	EF ADDRESS -ST-ZIP E		☐ Change	Addition	

4. I do hereby certify that the information supplied with this filips is counterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplied that 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 office for office for office for one and that my name appears in Block 12 or Block 4 if changed, or on adultary ment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 (904)724-3109