

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F93000005258

1. Corporation Name
AESTHETICS, INC. OF DELAWARE

Principal Place of Business

**2561 NURSERY ROAD
SUITE D
CLEARWATER FL 33765
US**

Mailing Address

**2561 NURSERY ROAD
SUITE D
CLEARWATER FL 33765
US**

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90043 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

59-3202506

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**AESTHETICS OF DELAWARE, INC.
2561 NURSERY ROAD
SUITE D
CLEARWATER FL 33765**

10. Name and Address of New Registered Agent

81 Name **George Springer**

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

George Springer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-99

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **SPRINGER, GEORGE**
STREET ADDRESS **1827 OAK LAKE DR.**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **VSD** ☐ DELETE
NAME **LUND, STEVEN**
STREET ADDRESS **1514 MIDNIGHT PASS**
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **D** ☐ DELETE
NAME **REED, RENE**
STREET ADDRESS **1770 BRAXTON BRAGG LANE**
CITY-ST-ZIP **CLEARWATER FL 34625**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

Signature of Steven Lund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 538-5445

Daytime Phone #

CR2E034 (11/98)