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 # **G61284** **(7)**

1. Corporation Name

MALIBU SPAS AND SERVICE, INC.

Principal Place of Business	Mailing Address
1141 HOLLAND DRIVE #31 & 32 #31 & 32 BOCA RATON FL 33487 US	1141 HOLLAND DRIVE #31 & 32 #31 AND 32 BOCA RATON FL 33487 US

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: **09/07/1983**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2342960** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAINTER, JIM, ESQ.
1300 N. FEDERAL HWY. #110
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Linda B. Burke
82 Street Address (P.O. Box Number is Not Acceptable): 10354 Buena Ventura Drive
83
84 City: Boca Raton FL 85 Zip Code: 33498

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] Linda B. Burke — DATE 3-14-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BURKE, JOSEPH KEITH	
STREET ADDRESS	10354 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVS	☐ DELETE
NAME	BURKE, LINDA B.	
STREET ADDRESS	10354 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	BURKE, JOSEPH E.	
STREET ADDRESS	43 WEST PALM AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
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	VSTD	☑ Change ☐ Addition
2.2 NAME	Burke, LINDA B.	
2.3 STREET ADDRESS	10354 Buena Ventura Drive	
2.4 CITY-ST-ZIP	Boca Raton, FL	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily 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 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] — Date 3-14-96 — Daytime Phone # (407) 994-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda B. Burke