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FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G71084** (9)  
1. Corporation Name  
**HEALTH, THERAPY & BEAUTY INNOVATIONS, INC.**



Principal Place of Business: **% BETTY NADAL**  
~~3080 BEE RIDGE ROAD~~  
SARASOTA FL 34239  
Mailing Address: **% BETTY NADAL**  
3080 BEE RIDGE ROAD  
SARASOTA FL 34239-7140

2. Principal Place of Business: **21** 131 Garfield Dr #403  
Suite, Apt. #, etc. **26**  
**22** #40  
City & State **27** Sarasota Fla  
**23** Sarasota Fla  
Zip **24** 34236 **25** County  
**29** **30** County

3. Date Incorporated or Qualified **11/10/1983** 3a. Date of Last Report **01/22/1996**  
4. FEI Number **59-2348285** 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  
10. Name and Address of New Registered Agent

**BETTY NADAL**  
3080 BEE RIDGE RD  
SARASOTA FL 34239

**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 607.0602 and 607.1308, 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 607.0605, Florida Statutes.

SIGNATURE Signature Applied for public. (Name of registered agent or officer if not applicable) (Name of Registered Agent or State representative when not filing) DATE

12. OFFICERS AND DIRECTORS  
1. TITLE  DELETE **DP**  
2. NAME **NADAL, JOHN A.**  
3. STREET ADDRESS **3080 BEE RIDGE RD Same as Above**  
4. CITY- ST- ZIP **SARASOTA FL**  
5. TITLE  DELETE **D**  
6. NAME **NADAL, BETTY**  
7. STREET ADDRESS **3080 BEE RIDGE RD Same as Above**  
8. CITY- ST- ZIP **SARASOTA FL**  
9. TITLE  DELETE  
10. NAME  
11. STREET ADDRESS  
12. CITY- ST- ZIP  
13. TITLE  DELETE  
14. NAME  
15. STREET ADDRESS  
16. CITY- ST- ZIP  
17. TITLE  DELETE  
18. NAME  
19. STREET ADDRESS  
20. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY- ST- ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY- ST- ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY- ST- ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY- ST- ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. 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)(f), 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. 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 *Betty Nadal* 3/19/97 941-388-2176 941-388-1817

CR2E034 (9/96)