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CORPORATION
ANNUAL REPORT
1995



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

200 FILED

6-195 MAR/24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73271 (5)

1. Corporation Name

BEACHES ELECTROLYSIS CLINIC, INC.

Principal Place of Business

% STEVEN C. KOEGLER
1112 3RD STREET #3
NEPTUNE BEACH FL 32266-2066

Mailing Address

% STEVEN C. KOEGLER
1112 3RD STREET #3
NEPTUNE BEACH FL 32266-2066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1987
3a. Date of Last Report 03/11/1994

4. FEI Number 59-2805618
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. 190 (32), Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WLAKER & KOEGLER/ATTYS AND COUNS-AT-LAW
-QUADRANT II AT SOUTHPOINT
4655 SALISBURY RD., SUITE 390
JACKSONVILLE FL 32226

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PSTD	GEORGE, POLLY	1112 THIRD ST #3	JACKSONVILLE FL
OTD	BRADLEY, FRED	1112 THIRD STREET #3	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (See 12)

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 194.01(1)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULINE J. GEORGE

3-8-95

904-249-8880