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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K04590

(1)

VICTOR FARRINGTON'S SKIN CARE CENTER, INC.

## **FILED** Jan 29 1997 8:00am Secretary of State



|  |  | ***           |  | ANTINO AVE             | #220  |   |  |  |  |                   |                               |
|--|--|---------------|--|------------------------|---|---|--|--|--|-------------------|-------------------------------|
| 7495 W. ATLANTIC AVE. #220<br>DELRAY BEACH FL 33446  |  |               | 7495 W. ATLANTIC AVE. #220<br>DELRAY BEACH FL 33446-1302 |                        |   |   |  |  |  |                   |                               |
|  |  |               |  |                        |   |   |  | 3. Date incorporated or Qualified 12/02/1987               |  | e of Las<br>3/199 | t Report                      |
| 2. Principal Pla   | ace of Bus-ness  | 2a.           | Mailing /  | Address                |   |   |  | 4. FEI Number  | . t                                    |                   | Applied For                   |
| Suite, Apt. #. etc   |  | 26            | 26   |                        |   | 65-0047531  |  |  | Not Applicab                           |                   |                               |
|  |  | 27            | Suite, Apt. #, etc.                                      |                        |   |   |  | 5. Certificate of Status Desired                           | \$8.75 Addition<br>Fee Required        |                   |                               |
| City & State   |  |               | City & St  | tate                   |   |   | <del></del>  | 6. Election Campaign Financing                             | ······································ | \$5.0             | O May Be                      |
| 23   |  | 28            |  |                        |   |   |  | Trust Fund Contribution                                    |  | Add               | ed to Fees                    |
| Ζιρ  | Country  |               | Zip  |                        | Cou   | untry   |  | 8. This corporation has liability for                      |  |                   | er s. 199.032,                |
| 24   | 25   | 29            |  |                        | 30  |   |  |  | Yes _                                  |                   |                               |
|  | 9. Name and Address of Curi  | ent Regis     | stered Ag  | ent                    |   | <u> </u>  |  | 10. Name and Address of New Re                             | gistered A                             | gent              |                               |
| ZUCKER, HARRY<br>7495 W. ATLANTIC AVE. #220  |  |               |  |                        |   | 81  | Name<br>Street Ado   | Name<br>Street Address (P.O. Box Number is Not Acceptable) |  |                   |                               |
| DELF   | RAY BCH. FL 33446  |               |  |                        | . "   | 83  |  | <del></del>  |  |                   |                               |
|  |  |               |  |                        |   | 84  | City   |  | FL                                     | 85 2              | ip Code                       |
|  |  |               |  |                        | ilules, ine a   |   |  | ation's board of directors. I haraby accel                 | ot the appo                            | ointment          | as registered                 |
| agent Lan  | o the provisions of Sections 607.0<br>egistored agent, or both, in the Sta<br>n familiar with, and accept the ob | ligations o   | ir, Section  | 607.0505,              | Fiorida Sia   | nutes   | S.   |  |  |                   |                               |
| agent Lan  | m familiar with, and accept the ob-<br>Signature, typical or printed name of registered                          | agent and the | e if applicable  | 607.0505,              | FIORIDA 51a   | ed Age  | S.   | uired when rainstating)                                    | DATE                                   |                   |                               |
| agent I an SIGNATURE 3   | in familiar with, and accept the ob-<br>Signature, typical or printed name of registered.  OFFICERS A            | agent and the | e if applicable  | 607.0505,              | NOTE: Registere   | ed Age  | S.   |  | DATE<br>CERS AND                       | DIREC1            | ORS IN 12                     |
| agent I an SIGNATURE 5   | Signature, typical or printed name of registered OFFICERS /  | agent and the | e if applicable  | 607.0505,              | NOTE: Registere  13.  | ed Age  | S.   | uired when rainstating)                                    | DATE<br>CERS AND                       |                   | ORS IN 12                     |
| agent I an SIGNATURE 5   | Signature, tyard or pented name of registered OFFICERS / PD ZUCKER, HARRY  | agent and the | e if applicable  | 607.0505,              | NOTE: Registere  13. 1.1 T  | ed Age  | S.   | uired when rainstating)                                    | DATE<br>CERS AND                       | DIREC1            | ORS IN 12                     |
| agent I an SIGNATURE 12. TITLE NAME SIREELADDRESS  | Signature, tyard or pented name of represent OFFICERS / PD ZUCKER, HARRY 15911 LOMOND HILLS TR.                  | agent and the | e if applicable  | 607.0505,              | NOTE: Registere  13.  1.1 Y  1.3 S  | ed Age<br>fitle<br>NAME<br>STREET   | s.  ant signature requirement requirement signature requirement signature requirement signature requirement si | uired when rainstating)                                    | DATE<br>CERS AND                       | DIREC1            | ORS IN 12                     |
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14. I do 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.

SIGNATURE: