

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90155 001 ***300.00

DOCUMENT # L23376

1. Corporation Name
A FRESH IMAGE (OF JUPITER) INCORPORATED

Principal Place of Business
3780 BURNS ROAD
#11-A
PALM BEACH GARDENS FL 33410
US

Mailing Address
3780 BURNS ROAD
#11-A
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1989

4. FEI Number

65-0150992

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILSON, TIMOTHY B.
7104 GLENMOOR DR
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name WILSON, TIMOTHY B. same

82 Street Address (P.O. Box Number is Not Acceptable)

5120 ELPINE WAY

83 PALM BEACH GARDENS

84 City

FL

85 Zip Code

33410

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.

(NOTE: Registered Agent signature required when reinstating)

Timothy B. Wilson

4-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME WILSON, CHRISTOPHER T.

STREET ADDRESS 1416 GREEN PINE BLVD. E-1

CITY-ST-ZIP WEST PALM BEACH FL

TITLE P ☐ DELETE

NAME WILSON, TIMOTHY B.

STREET ADDRESS 7104 GLENMOOR DR

CITY-ST-ZIP WEST PALM BEACH 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME WILSON, CHRISTOPHER T.

1.3 STREET ADDRESS 527 GULF ROAD

1.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME WILSON, TIMOTHY B.

2.3 STREET ADDRESS 5120 ELPINE WAY

2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy B. Wilson

4-1-99

561-627-8748

Date

Daytime Phone #

CR2E034 (11/98)

0328734