

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 # M77416 (9)

1. Corporation Name

AESTHETICS & ARTIFACTS, INC.



Principal Place of Business

Mailing Address

3062 - 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

3062 - 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business

21 3252 Morris St. N.

2a. Mailing Address

26 3252 Morris St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24 33713

25

29 33713

30

3. Date Incorporated or Qualified

04/21/1988

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2885436

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

10. Name and Address of New Registered Agent

MAUZEY, RANDALL K
3062 46TH AVE NO
ST. PETERSBURG FL 33714

81 Name

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

3252 Morris St. N.

83

84 City

FL

85

33713

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

Randall K. Mauzey

RANDALL K. MAUZEY, VP

2/16/96

Signature, type or printed name of registered agent and Florida applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
GALLAHER, DAVID N.
STREET ADDRESS 3062 46TH AVENUE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME VD
MAUZEY, RANDALL K.
STREET ADDRESS 3062 46TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME STD
LIBBY, DAVID
STREET ADDRESS 3062 46TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

3252 Morris St. N.

33713

☒ Change ☐ Addition

3252 Morris St. N.

33713

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3252 Morris St. N.

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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:

Randall K. Mauzey

Randall K. Mauzey

01/22/96

813/822-2402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)