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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80052

DISCOUNT SPAS SERVICE, INC.

FILED

Apr 21 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address **MGARY SANDERS MGARY SANDERS** 5431 N. STATE ROAD 7 5431 N. STATE ROAD 7 DO NOT WRITE IN THIS SPACE TAMARAC FL 33319 TAMARAC FL 33319 3. Date Incorporated or Qualified 05/10/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 16-2820104 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 SANDERS, GARY Name 5431 N. STATE ROAD 7 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 R3

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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Change TITLE SANDERS, GARY 1.2 NAME NAME 5020 NW 44+ AYE 5431 N. STATE ROAD 7 1.3 STREET ADDRESS STREET ADDRESS Coconut Creek Florin 32073 TAMARAC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE ALCIVAR, LEON 5020 NW 44th AVE 2.2 NAME NAME 5431 N. STATE ROAD 7 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL COWNERT Creek Floady 33073 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 adachment with an address.

SIGNATURE: