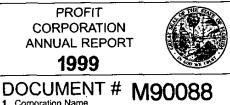
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90142 003 ***158.75

AUHUHA	PUULS AND SPAS, INC.					
Principal Place	of Business	Mailing Address				1 (100/100 til 1/10 101/1 301/1 101/0 101/0 101/1 01/1
2145 STOCKMA NEW PORT RIC	N ROAD	2145 STOCKMAN NEW PORT RICHEY FL 34655 US				DO NOT WRITE IN THIS SPACE
US		Ų 3				3. Date Incorporated or Qualifed 07/11/1988
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2905321 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip				try		8. This corporation owes the current year Intangible
24	25	29	30	_		Personal Property Tax.
 	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
MA/AI	TED IOUN A ID] '	ا'°	Name	'
	TER, JOHN A. JR			82	Street	t Address (P.O. Box Number is Not Acceptable)
	STOCKMAN ROAD PORT RICHEY FL 34655			_		
MEM	PUNI NICHET FL 34033		[83		
			ļ.	84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Flo	utnorized rida Statu	by i tes.	tne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			\gent	t signature n	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	CT DETEIL	1	1.1 TITLE		Chalten Talan A. TII.
NAME	WALTER, JOHN A. JR.		I	1.2 NAME		Walter John A. III 3145 Stockman Road
STREET ADDRESS	2145 STOCKMAN ROAD			1.3 STREET ADI		New Port Richey, FL 34655
CITY-ST-ZIP	NEW PORT RICHEY FL	₩ DELETE	_	1.4 CITY-ST-ZIP		New York Titchey 12 37093
ΠΠLE	DST	X DELETE	•	2.1 TITLE		10P/3// - 1 2 - 1
NAME	WALTER, DEBORAH SUE		•	2.2 NAME		Walter John H. Troad
STREET ADDRESS	2145 STOCKMAN ROAD		2.3 STREE			9 2145 2100, 3
CITY-ST-ZIP	NEW PORT RICHEY FL	☐ DELETE		2.4 CITY-ST-		New-Port Kichey FL 34655
TITLE		(T) Dereig	3.1 TITLE			7
NAME			3.2 NAME 3.3 STREET		A DODESS	·
STREET ADDRESS		•	3.4. CITY-S			3
CITY-ST-ZIP		☐ DELETE	4.1 TITL	_	1-412	☐ Change ☐ Addition
TITLE						
NAME			4. 2 NA		ADDRESS	
STREET ADDRESS						3
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT		1- LIP	☐ Change ☐ Addition
TITLE			5.2 NA			
NAME					ADORESS	s
STREET ADDRESS			5.4 CIT			
CITY-ST-ZIP	<u> </u>	☐ DELETÉ	6.1 TITI			☐ Change ☐ Addition
TITLE			6.2 NA			,
NAME					ADDRESS	s
STREET ADDRESS	{		6.4 CIT			
CITY-ST-ZIP	I	_	3.4 00	. •		

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 any attachment with an address, with an other like empowered.

SIGNATURE: