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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006507 (5)

1. Corporation Name
S & M REJUVENATION, INC.



Principal Place of Business: 4019 ANVERS BLVD JACKSONVILLE FL 32210
Mailing Address: 4019 ANVERS BLVD JACKSONVILLE FL 32210-5010

3. Date Incorporated or Qualified: 12/18/1996
3a. Date of Last Report
4. FEI Number: 59-3413250
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

2. Principal Place of Business: 21. SAME
2a. Mailing Address: 26. SAME
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip Country
25. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
MITCHELL, WANDA P
4019 ANVERS BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81. Name: DONNA L. SHAW
82. Street Address (P.O. Box Number is Not Acceptable): 4019 ANVERS BLVD
83.
84. City: JACKSONVILLE FL 85. Zip Code: 32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Donna L. Shaw President DATE: 4-7-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DONNA L. SHAW	4019 ANVERS BLVD	JACKSONVILLE FL 32210	
	WANDA MITCHELL	4019 ANVERS BLVD	JACKSONVILLE FL 32210	
	Sec Willie Miller	4019 ANVERS BLVD	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Rochell Moore	4019 ANVERS BLVD	JACKSONVILLE FL 32210	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna L. Shaw DATE: 4-7-97

CR2E037 (9/96)