FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15344 (5)

1. Corporate Name
SCANDINAVIAN HEALTH SPA, INC.

2029 CENTURY PARK EAST
#2810 ATTN TAX DEPT
LOS ANGELES CA 90067
US

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#2810 ATTN TAX DEPT
LOS ANGELES CA 90067
US

3. 07/24/1987
3a. 05/01/1994
4. 34-1114683
Applicable / Not Applicable
5. $8.75 Additional Fee Required
6. $5.00 May Be Added to Fees
8.

21 22 23 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Principal place of business address: The Florida Office address of the corporation's registered office or principal place of business in Florida shall be the address of the registered agent for service of process within Florida, and the address of registered agent for service of process within Florida.

SIGNATURE

12.

TITLE	V
NAME	ADAMS, JULIE
STREET ADDRESS	2029 CENTURY PARK E STE 2810
CITY-STATE-ZIP	LOS ANGELES CA
TITLE	VP
NAME	GAAN, CARY A
STREET ADDRESS	8700 W BRYN MAWR AVE 2ND
CITY-STATE-ZIP	CHICAGO IL
TITLE	AT
NAME	SCHEITLIN, GROFFREY
STREET ADDRESS	2029 CENTURY PARK EAST #2810
CITY-STATE-ZIP	LOS ANGELES CA
TITLE	S
NAME	SNIDER, BARBARA J
STREET ADDRESS	8700 W BRYN MAWR
CITY-STATE-ZIP	CHICAGO IL
TITLE	VPT
NAME	HILLMAN, LEE S.
STREET ADDRESS	8700 W BRYN MAWR AVE 2FL
CITY-STATE-ZIP	CHICAGO IL
TITLE	VP
NAME	LUCCI, MICHAEL, SR.
STREET ADDRESS	16000 NORTHLAND DR
CITY-STATE-ZIP	SOUTHFIELD MI

13.

TITLE	P/D
NAME	LUCCI, MICHAEL, SR.
STREET ADDRESS	16000 NORTHLAND DR.
CITY-STATE-ZIP	SOUTHFIELD, MI 48075

14. I hereby certify that the officers listed above have consented to serve in the capacities indicated. I further certify that the corporation has complied with the requirements of Section 607.0505, Florida Statutes, and that the corporation has accepted the designation of registered agent as set forth above.

SIGNATURE: GEOFFREY SCHEITLIN, A.TREAS 4/24/95 310/552-6940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0479956 FP