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 # **P15344** (5)

1. Corporation Name

SCANDINAVIAN HEALTH SPA, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified: 07/24/1987

3a. Date of Last Report: 05/01/1995

4. FEI Number: 34-1114683 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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**

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 is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☑ Addition
1.2 NAME	ADAMS, JULIE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	200001817402	
4.3 STREET ADDRESS	-05/13/96--01005--041	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	☑ Change ☐ Addition
6.2 NAME	LUCCI, MICHAEL SR.	
6.3 STREET ADDRESS	8700 W. BRYN MAWR AV. 2ND FL	
6.4 CITY-ST-ZIP	CHICAGO, IL 60631	

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: [signature] GEOFFREY SCHEITLIN, A. TREAS 4/22/96 310/552-6941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S5-1-96

CR2E034 (12/95)