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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 90067-3076  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

07/24/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

34-1114683

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

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 ~~VP~~ ☐ DELETE THIS TITLE

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 8700 W BRYN MAWR AVE 2ND FL  
CITY-ST-ZIP CHICAGO IL 60631

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ~~ADDITIONAL SECRETARY~~ ☐ 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

TREASURER

JOHN DUYER  
8700 W. BRYN MAWR  
CHICAGO, IL 60631

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

SIGNATURE:

4/21/97 223-395-1320

CR2E034 (9/96)