

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22337** (0)
1. Corporation Name
CLINIQUE SERVICES INC.

Principal Place of Business
**125 PINELAWN ROAD
ATTN: TAX DEPT.
MELVILLE NY 11747**

Mailing Address
**125 PINELAWN ROAD
ATTN: TAX DEPT.
MELVILLE NY 11747**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7 Corporate Center Dr. Suite, Apt. #, etc. 22 Attn: Tax Dept. City & State 23 Melville, NY Zip 24 11747		2a. Mailing Address 26 7 Corporate Center Dr. Suite, Apt. #, etc. 27 Attn: Tax Dept. City & State 28 Melville, NY Zip 29 11747		3. Date Incorporated or Qualified 12/23/1988	
		4. FEI Number 13-3488722		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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	
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PORRETTO, JAMES 125 PINELAWN ROAD MELVILLE NY <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RICHTER, GARY S. 125 PINELAWN ROAD MELVILLE NY <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRESTLE, DANIEL 125 PINELAWN RD. MELVILLE NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DERSHINSKY, RALPH M. 125 PINELAWN ROAD MELVILLE NY <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Andris Anuzis 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGHAMMER, FRED H. 125 PINELAWN ROAD MELVILLE NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUDER, LEONARD A. 125 PINELAWN ROAD MELVILLE NY <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director William P. Lauder 7 Corporate Center Drive Melville, NY 11747

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 in an attachment with an address.

SIGNATURE: **JAMES PORRETTO**
ASSISTANT SECRETARY
4/28/98 516-847-6347

CR2E034 (10/97)