

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

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FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90036 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22337

1. Corporation Name

CLINIQUE SERVICES INC.



Principal Place of Business 7 CORPORATE CENTER DR ATTN: TAX DEPT. MELVILLE NY 11747 US	Mailing Address 7 CORPORATE CENTER DR ATTN: TAX DEPT. MELVILLE NY 11747 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/23/1988	4. FEI Number 13-3488722	Applied For No: 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 the current year Intangible Personal Property Tax. <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 85 Zip Code FL
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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	
TITLE	AS <input type="checkbox"/> DELETE
NAME	PORRETTO, JAMES
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	RICHTER, GARY S.
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BRESTLE, DANIEL
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747
TITLE	T <input type="checkbox"/> DELETE
NAME	ANUZIA, A
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747
TITLE	D <input type="checkbox"/> DELETE
NAME	LANGHAMMER, FRED H.
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747
TITLE	D <input type="checkbox"/> DELETE
NAME	LAUDER, W P
STREET ADDRESS	7 CORPORATE CENTER DR
CITY-ST-ZIP	MELVILLE NY 11747

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP-Tax
2.3 STREET ADDRESS	Gerald Gibian
2.4 CITY-ST-ZIP	7 Corporate Center Drive Melville, NY 11747
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sr VP/Director / Sec
3.3 STREET ADDRESS	Saul Magram
3.4 CITY-ST-ZIP	7 Corporate Center Drive Melville, NY 11747
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andris Anuzis
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	President / Director
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X James Porretto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES PORRETTO
ASSISTANT SECRETARY
4/22/99
Date
516-847-6347
Daytime Phone #

CR2E034 (11/98)