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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1997 8:00am

Secretary of State

Change

Change

Change

Change

Addition

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200004746 (3)

RENT-A-SPA, INC.

TITLE NAME

TITLE NAME

TITLE NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS.

CI1Y - S1 - ZIP

CHY-ST-Z#

Suite, Ant #, etc Suite Ant #,	Principal Plac 230 W. MARVI 104 LONGWOOD F		Mailing Address 230 W. MARVIN AVE 104 LONGWOOD FL 32750-548;	2		
22. Mailing Address. 23. Mailing Address. 24. Mailing Address. 25. Suite Apt #, etc. 26. Suite Apt #, etc. 27. Suite Apt #, etc. 28. Suite Apt #, etc. 29. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent			· · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Ant #, etc Suite April #, etc Suite Apri					11/16/1992	04/30/1996
Suite, April #, etc Suitor April #, etc	2. Principal F	lace of Business	2a. Mailing Address	- 1	FEI Number	Applied For
City & State Ci	1 556	liberantere Fo	26 556 1106	BON COVER	59-3143232	Not Applicable
Trust Fund Contribution		#, etc		_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MICHALCHICK, WILLIAM 3282 S. HWY. 17-92 CASSELBERY FL 32707 ### City #	7	gwood, FC.		d, FC.		
D. Name and Address of Current Registered Agent MICHALCHICK, WILLIAM 3282 S. HWY. 17-92 CASSELBERY FL 32707 Address of Current Registered Agent Address of Current Registered Agent 81 Name 82 Street Address (P.O. Be Horobor is Not Acceptable) 83 Street Address (P.O. Be Horobor is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Name 82 Address of New Registered Agent 83 Name 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip C	77 0	750 25 Senitud	2 3 3 7 (T) (30 Seminol	~ L	~
3262 S. HWY. 17-92 CASSELBERY FL 32707 ### City ### City ### Corporation submits this statement for the purpose of changing its register of one 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 and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Signature, by-indio printed registered agent and title (applicable (NOTE Registered Agent signature required when renetating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INT.E P		Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicit or portion name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisiting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.E NAME NAME NICHALCHICK, BRENT W 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY -ST - ZIP TIFLE VICHALCHICK, WILLIAM JR. STREET ADDRESS	CA	SSELBERY FL 32707	only-		56 // 600 CS	les Zin Codo
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicid or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when revistating) 12. OFFICERS AND DIRECTORS IN 12 III.E P MICHALCHICK, BRENT W 1.1 TITLE NAME STREET ADDRESS CITY SI -7IP TITLE V MICHALCHICK, WILLIAM JR. STREET ADDRESS						FL 33750
12. OFFICERS AND DIRECTORS 11. P NAME NAME MICHALCHICK, BRENT W STREET ADDRESS CITY-SI-ZIP TITLE V MICHALCHICK, WILLIAM JR. STREET ADDRESS STREET A	office or agent 1 a	registered agont, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a lations of, Section 607,0505, Flo	uthorized by the corpor rida Statutes.	ation's board of directors. I hereby acce	ept the appointment as registered
INT.E P DELETE 1.1 TITLE	10	···				
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STREET ADDRESS CITY-SI-ZIP CORTLAND OH 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE MICHALCHICK, WILLIAM JR. STREET ADDRESS 556 TIGERON, COVE RD.	•	•	T pricit	1		Change C Addition
CITY-SI-ZIP CORTLAND OH 14 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE V Change Add Change Add STREET ACCRESS 556 TIGERON, COVE RD.						
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NAME MICHALCHICK, WILLIAM JR. 22 NAME STREET ACCIDESS 556 TIGERON COVE RD. 26 GARRET ACCIDESS		V	DELETE			Change Addition
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SIRELI ALPHESS SUB TRACTION OF THE STATE OF	-				7 / 0	00
CHY-ST-ZIP LONGWOOD FL 32750 2.4 CITY-ST-ZIP		LONGWOOD FL 32750			Tibelence	e KV

14. If 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/73 if charged, or open attentional with an addises.

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

34. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL CHICAL JR. 4-25-9

DELETE

DELETE

DELETE

DELETE