

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

FILED

May 05 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 # P92000004746 (3)

1. Corporation Name  
RENT-A-SPA, INC.

Principal Place of Business

230 W. MARVIN AVE  
104  
LONGWOOD FL 32750  
US

Mailing Address

230 W. MARVIN AVE  
104  
LONGWOOD FL 32750-5482  
US

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 556 Tiberon Cove Rd.

Suite, Apt. #, etc.

22 City & State

23 Longwood, FL.

24 Zip 32750

Country

25 Seminole

2a. Mailing Address

26 556 Tiberon Cove Rd.

Suite, Apt. #, etc.

27 City & State

28 Longwood, FL.

29 Zip 32750

Country

30 Seminole

FEI Number

59-3143232

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

MICHALCHICK, WILLIAM  
3262 S. HWY. 17-92  
CASSELBERY FL 32707

Address change  
ONLY ->

10. Name and Address of New Registered Agent

81 Name Wm. Michalchick Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

83 556 Tiberon Cove Rd.

84 City

Longwood

FL

85 Zip Code 32750

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

1.1 TITLE

P  
NAME MICHALCHICK, BRENT W  
STREET ADDRESS 2842 FALLEHN DRIVE  
CITY-ST-ZIP CORTLAND OH

1.2 NAME

V  
NAME MICHALCHICK, WILLIAM JR.  
STREET ADDRESS 556 TIGERON COVE RD.  
CITY-ST-ZIP LONGWOOD FL 32750

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

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:

Wm. Michalchick Jr.

Wm. Michalchick Jr. 4-25-97

(407) 260-0111

CR2E034 (9/96)