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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000031659 (4)

	LOTIONS & PO	TIONS, INC.				
Principal Place of Business			Mailing Address			T (CALIFO) IN THIS SIST BRIT PRIN FELLI SEIS FIST LIBIT BATE SITUL IN SITUL STATE IN THE
5212 1/2 OCEAN BLVD. UNIT 1 SIESTA KEY FL 34242			5212 1/2 OCEAN BLVD. Unit 1 Siesta Key Fl 34242			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1993
2. Principal Place of Business 2a.			2a. Mailing Address			4. FEI Number Applied For
			26			65-0428739 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24		25	29 30			Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9, Nam	e and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
ARGIRO, KEITH SHARON 1859 RIVIERA CIRCL SARASOTA FL 34232				81 Name Miller KEITH SHARON 82 Street Address (P.O. Box Number is Not Acceptable) 842 MIDWIGHT PASS RD 83 84 City SARASOTA FL 85 Zip Code 34242 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 Keth mules KEITH MILLER PRESIDENT 3 21 98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE DATE						
12	2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT			☐ DELETE	1.1 TITLE		Change Addition
N/A		o, Keith S.		1.2 NAME	: <i> </i>	MILLER, KEITH S 8429 MIONIGHT PASS RD
STREET POSITION			1.3 STRE	ET ADDRESS		
CI	ry-st-zip SARAS	SOTA FL		1.4 CITY	ST-ZIP	SARASOTA FL 34242
Til	LE VPS		☐ DELETE	2.1 TITLE		Change Addition
NA	ME WATR	DUS, ADRIENNE		2.2 NAME	:	
ST	REET ADDRESS 1859 I	RIVIERA CIRCLE		2.3 STRE	ET ADDRESS	

5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.8 STREET ADDRESS STREET ADORESS CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

3.4. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

☐ DELETE

DELETE

DELETE

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

SARASOTA FL

SARASOTA FL

ARGIRO, KEITH S

1859 RIVIERA CIRCLE

Koul Marily

KEITH MULER

2126196

MILLER. KEITH S

SARASOTA

8429 MIONI GHT PALL RD

1941 346-1546

FILED

Mar 31 1998 8:00am

Secretary of State

Change

Change

Change

☐ Addition

Addition

Addition