


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000031659 (4) 1. Corporation Name LOTIONS & POTIONS, INC.			
Principal Place of Business 5212 1/2 OCEAN BLVD. UNIT 1 SIESTA KEY FL 34242		Mailing Address 5212 1/2 OCEAN BLVD. UNIT 1 SIESTA KEY FL 34242	
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	
3. Date Incorporated or Qualified 04/29/1993		4. FEI Number 65-0428739	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent ARGIRO, KEITH SHARON 1859 RIVIERA CIRCL SARASOTA FL 34232	
10. Name and Address of New Registered Agent 81 Name MILLER, KEITH SHARON 82 Street Address (P.O. Box Number is Not Acceptable) 8429 MIDNIGHT PASS RD 83 84 City SARASOTA FL 85 Zip Code 34242		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 Keith Miller KEITH MILLER PRESIDENT 3/26/98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>	
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME ARGIRO, KEITH S. STREET ADDRESS 1859 RIVIERA CIRCLE CITY-ST-ZIP SARASOTA FL TITLE VPS <input type="checkbox"/> DELETE NAME WATROUS, ADRIENNE STREET ADDRESS 1859 RIVIERA CIRCLE CITY-ST-ZIP SARASOTA FL TITLE S <input type="checkbox"/> DELETE NAME ARGIRO, KEITH S STREET ADDRESS 1859 RIVIERA CIRCLE CITY-ST-ZIP SARASOTA FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MILLER, KEITH S 1.3 STREET ADDRESS 8429 MIDNIGHT PASS RD 1.4 CITY-ST-ZIP SARASOTA FL 34242 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME MILLER, KEITH S 3.3 STREET ADDRESS 8429 MIDNIGHT PASS RD 3.4 CITY-ST-ZIP SARASOTA FL 34242 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 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 type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE: **Keith Miller** **KEITH MILLER** **3/26/98** **(941) 346-1546**

CR2E034 (10/97)