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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000053256 (2)

DR. THROWER'S ACNE AND SKIN CARE TREATMENT CENTE R. INC. Principal Place of Business Mailing Address 9840 N.E. 2ND AVE. 9840 N.E. 2ND AVE. MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 07/29/1993 2. Phinopal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0426897 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ 28 Trust Fund Contribution Added to Fees 140 Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THROWER, ANGELO P 82 Street Address (P.O. Box Number is Not Acceptable) 9840 NE 2ND AVE MIAMI SHORES FL 33138 83 R4 Crty Zip Code 85 11. Fursuant 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am SIGNATURE Sequentive: Specifior shall be discovered or registered agent and little if applicable (NOTE: Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DΡ THE DELETE 1 1 THE Change Addition THROWER, ANGELO NAM 1.2 NAME 9840 N.E. 2ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL CITY ST ZIP 1.4 CITY-ST-ZIP TABLE [ ] DELETE 2 1 TIFLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIP 24 CITY - ST - 2IP 11/LF DELETE 3 1 TIFLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS. 3.3 STREET ADDRESS City St-Zir 3 4 CITY - ST - ZIP III.F DELETE 4.1 TITLE Change Addition NAMI 4.2 NAME STEEL ADDRESS 4.3 STREET ADDRESS 44 CHY-ST-ZiP THE DELETE 5 1 TITLE Change ☐ Addition NAM 5 2 NAME STELL ADDRESS 5 3 STREET ADDRESS CITY ST 7F 5.4 CITY ST-ZIP THILE DELETE. 6 1 TITLE ☐ Change Addition 6.2 NAME STREET ACCRESS 6 3 STREET ADDRESS CHY-ST-200 6 4 CITY - ST- ZIP

14. I do hereby certify that the informa I with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further inual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under poration or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name certify that the information indicate oath; that I am an officer or direct appears in Block

**SIGNATURE** 

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duytima Phone

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