FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:30

DOCUMENT # **P94000010133 (4)**

1. Corporation Name
ELITE ACADEMY OF SKIN & NAILS, INC.

Principal Place of Business	Mailing Address
3023 SEAN WAY PALM HARBOR FL 34684	3023 SEAN WAY PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1539 MAIN STREET	26 1539 MAIN STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DUNEDIN, FLORIDA	City & State 28 DUNEDIN, FLORIDA
Zip / Country 24 34698 / 25 PINELLAS	Zip / Country 29 34698 / 30 PINELLAS

4. FEI Number: 59-3332381 ☐ 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 [XX] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERENCE, SANDRA S 30 HARBOR OAKS CIRCLE SAFETY HARBOR FL 34695	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY ST ZIP	11 TITLE P [XX] Change ☐ Addition 12 NAME SANDRA J. FERENCE 13 STREET ADDRESS 30 HARBOR OAKS CIRCLE 14 CITY ST ZIP SAFETY HARBOR, FL. 34695
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY ST ZIP	21 TITLE V [XX] Change ☐ Addition 22 NAME SYLVIE P. HERRERA 23 STREET ADDRESS 3023 SEAN WAY 24 CITY ST ZIP PALM HARBOR, FL. 34684
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sandra S. Ference
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA S. FERENCE

1-11-95 (813) 734-3617
Date Daytime Phone #

0366600 CP