SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0115040

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
98 OCT 14 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047745 (2)

1. Corporation Name
SPAS PLUS, INC.

Principal Place of Business	Mailing Address
16283 SOUTH TAMIAMI TRAIL FORT MYERS FL 33908	570 PROVENCAL PLACE BLOOMFIELD HILL MI 48302-1508

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1994

4. FEI Number
65-0501728
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 16283 S Tamiami Tr
Suite, Apt. #, etc.
27 B
City & State
28 Ft Myers FL
Zip 29 33908 Country 30 USA

9. Name and Address of Current Registered Agent
SCHWED, DEBORAH M
16283 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33908

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	KIRCOS, CAROLYNNE	1.2 NAME	Kircos Carolynne
STREET ADDRESS	570 PROVENCAL PLACE	1.3 STREET ADDRESS	2431 Cordero Road
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302-1508	1.4 CITY-ST-ZIP	Del Mar, CA 92014
TITLE	STD ☐ DELETE	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	KIRCOS, MARC	2.2 NAME	Kircos, Marc
STREET ADDRESS	570 PROCENCAL PLACE	2.3 STREET ADDRESS	2431 Cordero Road
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302-1508	2.4 CITY-ST-ZIP	Del Mar, CA 92014
TITLE	Vic ☐ DELETE	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	Jim A Schwed
STREET ADDRESS		3.3 STREET ADDRESS	17281 Malaga Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	☐ DELETE	4.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME		4.2 NAME	Deborah M Schwed
STREET ADDRESS		4.3 STREET ADDRESS	17281 Malaga Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	300002665723--6
STREET ADDRESS		5.3 STREET ADDRESS	-10/16/98--01084--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	B 10/
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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.

SIGNATURE: Deborah M Schwed Deborah M Schwed 10/1/98 941 432-2621