

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90031 022 \*\*\*150.00

DOCUMENT # P94000072270

1. Corporation Name

MAHALO SKIN CARE, INC.

Principal Place of Business

707 S ATLANTIC AVE  
ORMOND BEACH FL 32176

Mailing Address

707 S ATLANTIC AVE  
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

4. FEI Number

59-3272655

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MICHIE  
2555 S ATLANTIC AVE  
APT 102  
DAYTONA BCH FL 32118

81 Name

COHEN, MICHIE

82 Street Address (P.O. Box Number is Not Acceptable)

707 S. ATLANTIC AVE.

83

84 City

ORMOND BEACH FL

85 Zip Code

32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MICHIE COHEN

DATE

JAN 13 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
COHEN, MICHIE  
STREET ADDRESS  
725 HUNT CLUB TRAIL  
CITY-ST-ZIP  
PORT ORANGE FL 32127

1.1 TITLE

P, D.

1.2 NAME

COHEN, MICHIE

1.3 STREET ADDRESS

707 S. ATLANTIC AVE  
ORMOND BEACH, FL. 32176

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

COHEN, GRANT

2.3 STREET ADDRESS

707 S. ATLANTIC AVE.  
ORMOND BEACH, FL. 32176

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHIE COHEN

DATE

Daytime Phone #

672 2033

CR2E034 (11/98)