


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90144 001 ****61.25

05-24-1999 90020 017 ****88.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P94000074999 1. Corporation Name WHIRL MASSAGE SHOWERHEAD, INC.																																																																																																															
Principal Place of Business 3660 HARTSFIELD RD TALLAHASSEE FL 32303 US		Mailing Address P.O. BOX 4229 TALLAHASSEE FL 32315																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																																													
9. Name and Address of Current Registered Agent BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312		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 reappointing) DATE _____ Signature, typed or printed name of registered agent and title if applicable.																																																																																																															
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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, upon an attachment with an address, with all other like empowered.

SIGNATURE: C. E. BENEDICT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (850) 576-1176
 Date Daytime Phone #

CR2E034 (11/98)