

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000000152 (5)
 1. Corporation Name
SUZZAN DAVID SALON DAY SPA & CO., INC.



Principal Place of Business 120 INTL PWY SUITE 128 LAKE MARY FL 32746 US	Mailing Address 150 ESTATES CIRCLE LAKE MARY FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3292835	Applied For <input type="checkbox"/>
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WIGGINS, SUZANNE M. 150 ESTATES CIR LAKE MARY FL 32746		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, SUZANNE M.	1.2 NAME	
STREET ADDRESS	150 ESTATES CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	VMD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, DAVID C.	2.2 NAME	
STREET ADDRESS	150 ESTATES CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	CTSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, JACK L. JR.	3.2 NAME	
STREET ADDRESS	332 N 84 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Suzanne M. Wiggins* **REQUIRED** *1/17/98*

CR2E034 (10/97)