## 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

## DOCUMENT # P95000024362

1. Corporation Name

BAY SKIN CARE, INC.

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90120 043 \*\*\*150.00



Principal Place of Business Mailing Address							ABLIC HART BLACK II	410 01110 1101 1001
8220 U.S. 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668								
PONT MORE! PL 34000						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/27/1995		
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
21		26				59-3304392		Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	5 Additional Required
22	<u> </u>	City & State	City & State				<del></del>	
City & State	) <u> </u>	— ·	28			- 6Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees		
Zip			Cou	Country		8. This corporation owas the current year Intangible		
24	25 29 30		_	·		Personal Property Tax.		_□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	ered Agent	
				81	Name			Ì
l	etta, tami f esq.		82 Street		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	COURT STREET							
sum				83				[
CLEA	RWATER FL 34616			84	City		85 Z	ip Code
				ł I	-		<b>FL</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ration submits this statement for the purporals board of directors. I hereby accept the a	se of changing appointment as	registered :
SIGNATURE	·					when reinstating) DA	TC	
	Signature, typed or printed name of registered age	nt and title if applicable. (NO ND DIRECTORS	TE: Registered	Agen	t signature required t	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.	D OFFICERS AN	DELETE	1.1 70	TLE.			Chang	
NAME	MILLER, RICHARD A		1.2 N/					
STREET ADDRESS	8220 U.S. 19				ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			TY-ST	1			}
TITLE	PONT NICHEL 1 E 34000	☐ DELETE	2.1 TI				Chang	ge Addition
NAME			2.2 N	AME	1			ì
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CITY-ST-ZIP			2.40	ΠY-S	T-ZIP			
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NAME	• • •		3.2 N	AME		- · · · · · · · ·		
STREET ADDRESS			3.3 ST	TREET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 Tf				☐ Chan	ige
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			1
C/TY+ST-Z/P				TY-\$1	r-zip		Chon	an Addition
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NAME	•		5.2 N		1000000			{
STREET ADDRESS					ADDRESS			•
CITY-ST-ZIP		DELETE	5.4 C	TLE	1-4IF		Chan	ige Addition
ππLE		☐ DELETE	6.2 N				Shan	- 0
NAME					ADDRESS			
STREET ADDRESS				ITY-SI				ţ
CITY-ST-ZIP			6.4 C	111-2	1-217			

14. I hereby certify that the information supplies 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 of 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 an analysis of the receiver of the receiver of the corporation of the receiver of the receiver

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR