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FILED
May 11 1998 8:00am
Secretary of State

*PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000072580 (0)

1. Corporation Name

NIKI BRYAN SPA MANAGEMENT, INC.



Principal Place of Business

390 NORTH ORANGE AVENUE
SUITE 1200
ORLANDO FL 32801

Mailing Address

390 NORTH ORANGE AVENUE
SUITE 1200
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7556 Municipal Drive

Suite, Apt. #, etc.

22

City & State

23 Orlando FL 32819

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 7556 Municipal Drive

Suite, Apt. #, etc.

27

City & State

28 Orlando FL 32819

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

BRYAN, NIKI

~~390 NORTH ORANGE AVENUE~~

~~SUITE 1200~~

~~ORLANDO FL 32801~~

81 Name

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

7556 Municipal Drive

83

84 City Orlando

FL

85 Zip Code

32819

10. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BRYAN, NIKI T

STREET ADDRESS 390 NORTH ORANGE AVENUE STE 1200

CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7556 Municipal Drive
Orlando FL 32819

600002523376
-05/14/98--01019--032
***150.00

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.

CR2E034 (10/97)