

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077970 (8)

1. Corporation Name

LIA'S SKIN & BODY CARE, INC.



Principal Place of Business

10082 W MCNAB RD
TAMARAC FL 33321

Mailing Address

10082 W MCNAB RD
TAMARAC FL 33321

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

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

County

29

30

4. FEI Number

65-0616295

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLATKIN, SHELDON T
9900 WEST SAMPLE RD, SUITE 400
CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

SEILER, LIA N
6438 NW 54TH ST
LAUDERHILL FL 33319

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: #

CR2E034 (12/95)