

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000088710 (5)**

1. Corporation Name

SKIN CARE SOLUTIONS, INC.



Principal Place of Business

Mailing Address

**228 PARK AVENUE NORTH . SUITE B
WINTER PARK FL 32789**

**228 PARK AVENUE NORTH . SUITE B
WINTER PARK FL 32789**

2. Principal Place of Business

2a. Mailing Address

21 1955 MARAVILLA AVE

26 1955 MARAVILLA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

City & State

City & State

23 FORT MYERS FL

28 FORT MYERS FL

Zip

Zip

24 33901

29 33901

Country

Country

25 LEE

30 LEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

4. FEI Number

650633211

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

10. Name and Address of New Registered Agent

81. Name

Scott R. Post

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

444 Seabreeze Blvd.

83.

Suite 800

84. City

Daytona Beach

FL

85. Zip Code

32118

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 607.0605, Florida Statutes.

SIGNATURE

Scott R. Post

6/13/96

6/13/96

Signature typed or printed name of person to whom appointment is made

Signature typed or printed name of person authorized to accept appointment

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 as changed, or on an attachment with an address.

SIGNATURE:

Barry Frélich

Signature and typed or printed name of signing officer or director

5/6/96

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05/06/96

CR2E034 (12/95)