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

PROFIT CORPORATION ANNUAL REPORT

1998

JUPITER FL 33458

2. Principal Place of Business

Suite, Apt. #, etc

22

21 2500 PGABOJIOUS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090875 (2)

AESTHETICS UNLIMITED. INC.

Principal Place of Business Mailing Address C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD SUITE 30

C/O JUPITER LAW CENTER 6390 INDIANTOWN ROAD SUITE 30 JUPITER FL 33458

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

⊠ Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

11/27/1995 4. FEI Number

65-0627781

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CHIRICO, JOSEPH		81	Nam	e	
PGA PLAZA			Stree	et Address (P.O. Box Number is Not Acceptable)	
2510 PGA BLVD			1 5000	stradioo (i.e. box (alimbor to 110) resorbiable)	
PALM BCH GARDENS FL 33410				•	
		84	City	85 Zip Code	
		~	City	FL 85 Zip Code	
11. Pursuant to the provisions of Soctions 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, typ-od or printed hand of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
		13.	pont angrian	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE		Change Addition	
NAME	CHIRICO, JOSEPH	1.2 NAME			
STREET ADDRESS	PGA PLAZA - 2510 PGA BLVD	1.3 STREET ADDRESS		s	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDR		s l	
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET A		s }	
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRES	s (
CITY-ST-ZIP		4.4 CITY-	ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME	i	5.2 NAME		•	
STREET ADDRESS		5.3 STREE	t addres	s	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE.	6.1 TITLE		☐ Change ☐ Addition	
NAME		6.2 NAME			
STREET ADDRESS	•	6.3 STREET ADD		s	
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 suppliemental 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 appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appropriate of the report is true and accurate and that my signature shall have the same legal effect as if the report is true and accurate and that my signature shall have the same legal effect as if the report is true and accurate and that my signature shall have the same legal effect as if the report is the report is true and accurate and the report is true and a					

Country

officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

BIONATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR