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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022603 (0)

1. Corporation Name

GODDESS OF BEAUTY DAY SPA, INC.



Principal Place of Business

2236 WINSLOW CIR.
CASSELBERRY FL 32707

Mailing Address

2236 WINSLOW CIR.
CASSELBERRY FL 32707-5652

2. Principal Place of Business

21 32 N. BUMBAY AVE
Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FLORIDA
Zip
24 32803

25 USA

2a. Mailing Address

26 32 N. BUMBAY AVE
Suite, Apt. #, etc.

27 City & State
28 ORLANDO FLORIDA
Zip
29 32803

30 U.S.A.

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

4. FEI Number 593380740
~~59-00-13-1609-44~~

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

HAMILTON, JEAN ELIZABETH
2236 WINSLOW CIR.
CASSELBERRY FL 32707

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 JEAN ELIZABETH HAMILTON

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-97

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME HAMILTON, JEAN ELIZABETH
STREET ADDRESS 2236 WINSLOW CIR.
CITY, ST, ZIP CASSELBERRY FL 32707

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN ELIZABETH HAMILTON 1-10-97 (892) 7003

CR2E034 (9/96)