May 05, 1999 8:00 am Secretary of State

05-05-1999 90070 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000024703

1. Corporation Name

ENDERMOLOGIE RESEARCH AND DEVELOPMENT, INC.

								HON OHOU INDUI	<b>, 3100</b> 1131 1 <b>03</b> 1		
Principal Place of Business Mailing Address											
3101 N. FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY										-	
SUITE 301		SUITE 301					DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306							3. Date Incorporated or Qualifed	IE IN THIS	SFACE		
							· ·				
							03/19/1996			ulad Fa-	
2. Principal Pl	ace of Business	2a. Mailing Address				[	4. FEI Number			plied For	
21		26					65-0691408			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22		27							Fee Re	quirea	
City & State	9	City & State	City & State				<ol><li>Election Campaign Financing</li></ol>		\$5.00		
23		28					Trust Fund Contribution		Added t	o Fees	
Zip	Country Zip Cou			itry	, o,						
24	25 29 30						Personal Property Tax.			Mo	
Name and Address of Current Registered Agent							10. Name and Address of New I	Registered	Agent		
					81 Name						
South Florida registered agents, Inc.				82	Ctroot	۸ ططحمم	ss (P.O. Box Number is Not Accept	ahle\			
200 EAST LAS OLAS BLVD.				02	Sueet	400162	S (F.O. BOX Number is NOT Accept	abicy			
SUITE 1900			-	83	_						
FT. LAUDERDALE FL 33301											
			1	84	City			FL	85 Zip (	Code	
							Control the statement for the		changing ite	registered	
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 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	tes.			•				
SIGNATURE											
OIOIATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered /	\gent	t signature re	equired w	when reinstating)	DATE		<del>_</del>	
12.	OFFICERS A	ND DIRECTORS	13.			_	ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	D DELETE 1.17		1.1 TITE	1 TITLE D					☐ Change	Addition	
NAME	[ OOTAL, TATILISE		1.2 NA	1.2 NAME TRE		trei	DEAL BARTHE	Costa	300	ļ	
STREET ADDRESS	EET ADDRESS 3101 N. FEDERAL HIGHWAY SUITE 301			STREET ADDRESS 3101 N FEDERAL HIGHWAY, SUITE 30				JUP			
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		1.4 CIT	CITY-ST-ZIP		F+ I	LAUDERDALE, FL 33	306			
TITLE			2.1 TITI	Æ					Change	☐ Addition	
NAME	VAN WELEN, MICHEL			Æ						ľ	
STREET ADDRESS	ALCO N. SEDERAL MOURALY OUTE OOA			REET	ADDRESS						
	ET LAUDEDDALE EL				T- ZIP						
CITY-ST-ZIP	PI. DAUDERDALE PL 2.4				i- Ui				Change	Addition	
TITLE			3.2 NA		ļ					_	
NAME			L							ļ	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP					☐ Change	Addition	
TITLE			4.1 TITI	4.1 TITLE					□ Change		
NAME			4, 2 NA	ME							
STREET ADDRESS			4.3 STF	REET	ADDRESS					Ì	
CITY-ST-ZIP	4.4		4.4 CIT	CITY-ST-ZIP							
TITLE	☐ DELETE 5.1		5.1 Tसा	TITLE					Change	☐ Addition	
NAME			5.2 NAJ	νE							
STREET ADDRESS			5.3 STF	REET	ADORESS						
CITY-ST-ZIP			5.4 CIT	Y-ST	r-ZIP					i	
TITLE		☐ DELETE	6.1 TITI	Æ					Change	Addition	

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 any address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF