

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

FILED

May 09 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 # P96000032856 (2)

1. Corporation Name
A NEW YOU, INC.



Principal Place of Business

Mailing Address

~~2800 COUNTRYSIDE BOULEVARD~~
~~SUITE #4~~

~~2800 COUNTRYSIDE BOULEVARD~~
~~SUITE #4~~

~~CLEARWATER FL 34621~~

~~CLEARWATER FL 34621-3675~~

2722 HAVERHILL CT.
CLEARWATER, FL. 34621

2722 HAVERHILL CT.
CLEARWATER, FL. 34621

2. Principal Place of Business

2a. Mailing Address

21 2722 HAVERHILL CT

26 2722 HAVERHILL CT.

S. Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CLEARWATER FL

28 CLEARWATER, FL.

Zip

Zip

24 34621

29 34621

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/09/1996

4. FEI Number

Applied For

59-3380736 (062012)

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00

Trust Fund Contribution

☐

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

JACOBS, KATHLEEN A
2800 COUNTRYSIDE BOULEVARD
SUITE #4
CLEARWATER FL 34621

81 Name

JACOBS, KATHLEEN A.

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

2722 HAVERHILL CT.

83 City

CLEARWATER

84 State

FL

85 Zip Code

34621

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

Kathleen A. Jacobs

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JACOBS, KATHLEEN A
2800 COUNTRYSIDE BOULEVARD, SUITE 4
CLEARWATER FL 34621

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

Kathleen A. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/68/97 813-446-3319

CR2E034 (9/96)