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PROFIT
-CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045464 (0)

ROMAN DAY SPA, INC.

Principal Place of Business Mailing Address 9200 S. HWY 17-92 9200 S. HWY 17-92 MAITLAND FL 32751 MAITLAND FL 32751-3346 3. Date incorporated or Qualified 3a. Date of Last Report 05/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALDORF, ROBERT **524 STARSTONE DR** Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 RA 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. Familial with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. KLSIDENT DELETE Change 11fLE 1.1 11116 Addition NAME DEBORAN WALDOCK 1.2 NAME Proz 1. Oland Auc. MAIRAND, R 32751 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-\$1-ZF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition THEF 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7iP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-\$1-7/P 6.4 CITY+ST-ZIP

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 o

Daytime Prone #

FILED

Feb 03 1997 8:00am

Secretary of State