


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90153 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000047482		
1. Corporation Name AU REVOIR VEINS, INC.		



Principal Place of Business 525 S FLAGLER DR WEST PALM BEACH FL 33401 US	Mailing Address 525 S FLAGLER DR WEST PALM BEACH FL 33401 US
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 05/30/1996	4. FEI Number 65-0683418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
7. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent CRAFT, JEROME W 535 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name <i>Betsy Mascaro</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>860 US Hwy One</i> 83 84 City <i>North Palm Beach</i> FL 85 Zip Code <i>33408</i>	
-------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 *Betsy A. Mascaro* DATE *2/24/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <i>P</i> STREET ADDRESS <i>WHATLEY, JOANNE</i> CITY-ST-ZIP <i>535 S FLAGLER DR</i> <i>W PALM BEACH FL</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE <i>PSTD</i> 1.2 NAME <i>Joanne</i> 1.3 STREET ADDRESS <i>535 S Flagler Drive</i> 1.4 CITY-ST-ZIP <i>West Palm Beach, FL 33401</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE NAME <i>VP</i> STREET ADDRESS <i>CRAFT, JEROME W MD</i> CITY-ST-ZIP <i>535 S FLAGLER DR</i> <i>WEST PALM BEACH FL</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Joanne Whatley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 561-6513366
 Date Daytime Phone #

CR2E034 (1/98)