

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050173 (9)

1. Corporation Name  
DAYSPA U.S.A., INC.

Principal Place of Business

6775 NEWBERRY RD  
GAINESVILLE FL 32605

Mailing Address

6775 NEWBERRY RD  
GAINESVILLE FL 32605-4312



2. Principal Place of Business 21 6785 NEWBERRY RD Suite, Apt. #, etc. 22 City & State GAINESVILLE, FL 23 Zip 32605 24 Country	2a. Mailing Address 26 6785 NEWBERRY RD Suite, Apt. #, etc. 27 City & State GAINESVILLE, FL 28 Zip 32605 29 Country	3. Date Incorporated or Qualified 06/11/1996 3a. Date of Last Report 6-11-96 4. FEI Number 59-3384852 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
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9. Name and Address of Current Registered Agent MARLOW, ELIZABETH 6775 NEWBERRY RD GAINESVILLE FL 32605	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6785 NEWBERRY RD. 83 City GAINESVILLE FL 84 Zip Code 32605
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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: Elizabeth Marlow ELIZABETH MARLOW 4-22-97  
Signature, type or printed name of registered agent and (if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 12.1 TITLE P NAME ELIZABETH MARLOW STREET ADDRESS 6785 NEWBERRY RD. CITY-ST-ZIP GAINESVILLE FL 32605 12.2 TITLE VP NAME GREGORY MARLOW STREET ADDRESS 6785 NEWBERRY RD. CITY-ST-ZIP GAINESVILLE FL 32605 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE PRESIDENT 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE VICE-PRES. 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP
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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: Elizabeth Marlow ELIZABETH MARLOW 4-22-97

CR2E034 (9/96)