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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000053283 (3)

ADVANCED COSMETIC LASER CENTER, INC.

Principal Place of Business

Mailing Address

STE, 207, 4900 W. OAKLAND PARK BLVD.

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## FILED Jan 21 1998 8:00am Secretary of State



LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0689253 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ame Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be marac Trust Fund Contribution 2R Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILNGS, INC. 3732 NW 16 ST. **B2** Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME WINKELMAN, JEFFRY 1.2 NAME STE. 207, 4900 W. OAKLAND PARK BLVD. STREET ADDRESS 1.3 STREET ADDRESS LAUDERDALE LAKES FL 33313 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STEINBERG, JANNE D NAME 22 NAME STREET ADDRESS STE. 207, 4900 W. OAKLAND PARK BLVD. 2.3 STREET ADDRESS Lauderdale Lakes FL 33313 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

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 roport 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