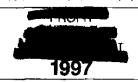
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058849 (6)

CLINICAL AESTHETICS, INFICINSTATEMENT 1997



97 OCT 20 AM 8: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	■ U Capt W	SOON DARK SPRING				
Principal Place of Business Mailing Address						
725 N A1A SUITE A-107 JUPITER FL 33477		725 N A1A SUITE A-107 JUPITER FL 33477		DO NOT WRITE	IN THIS SPACE	
					3. Date incorporated or Qualified	3a. Date of Last Report
					07/15/1996	
<del></del>		29. Mailing Address		•	4. FEI Number 65-0688112	Applied For
		26 Suite And High	Note And High		43-0000112	Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip			<u> </u>	Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No		
24 25 29 30  9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
KNOWLES, PATRICIA A				81 Name		
725 N A1A SUITE A-107			8	Street Add	dress (P.O. Box Number is Not Acceptable	(4
JUPITER FL 33477					and the second s	<u> </u>
			В	3		
			8	4 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050.	2 and 607 1508. Florida Statu	les, the abo	ve-named cor	poration submits this statement for the pr	unness of changing its societored
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized I	by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Talkery HASI	ulla	ionoa olalai	J	10/15	197
				gent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13,	<del></del>	ADDITIONS/CHANGES TO OFFICE	
TITLE	KNOWLES, PATRICIA A	LL DELETE	1.1 TITLE	ľ	annes de cele de cale d	Change Addition
NAME STREET ADDRESS	ATALOE DIVER PROLET TERRAPE		1.2 NAM(	ET ADDRESS	がいいいかい 10/22/01	2 <b>73074</b> 701103017
CITY-ST-ZIP	TEQUESTA FL 33469	W 10-2	1.4 CITY			.00 ****750.00
TITLE	D	DELETE	2.1 TITLE		11-11-11-11-11-11-11-11-11-11-11-11-11-	Change Addition
NAME (	MAIOMA CO. TOURILL		2.2 NAMI			į
STREET ADDRESS			2.3 STRE	LT ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		2. 4 CITY			1-
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME.			3.2 NAM			
STREET ADDRESS				ET ADORESS		
CITY ST-ZIP		DELETE	3.4. CITY 4.1 TITLE	-31-71		Change Addition
NAME		•	4. 2 NAM	£		
STREET ADDRESS			4.3 STREI	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME		^	ł
STREET ADDRESS			5.3 STREE	T ADDRESS	<i>(</i> } .	111 11
CITY-ST-ZIP	·	T7	5.4 CITY	S1-ZIP	U.C	ulle
TITLE		☐ DELETE	6.1 TITLE		17	Change Addition
NAME			6.2 NAME	i	10	12019:1
STREET ADDRESS			ı	T ADDRESS	/	7/7
CITY - ST - ZIP			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 algebraich with an address.

a/2x/a7