

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

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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaupt, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **996000059612**
1. Corporation Name: **CONTOS ESTHETICS, INC**

Principal Place of Business: **N/A**
Mailing Address: **6830 TOWN HARBOR BLVD #3511
BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7-16-96	
21. 6830 TOWN HARBOR BLVD	26. 6830 TOWN HARBOR BLVD	4. FEI Number 65-0687805		Applied For <input type="checkbox"/> Not Applicable	
22. # 3511	27. # 3511	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. BOCA RATON, FL	28. BOCA RATON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33433	25. USA	29. 33433		30. USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**UCC FILING & SEARCH SERV.
INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE, FL 32302**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. 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: **James G. Contos, President** DATE: **2-06-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES G. CONTOS	1.2 NAME	
STREET ADDRESS	6830 TOWN HARBOR BLVD #3511	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **James G. Contos, President** DATE: **2-06-98** (561) **3380979**

CR2E034 (10/97)