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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059612

1. Corporation Name

CONTOS ESTHETICS, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90006 043 ***150.00



Principal Place	e of Business	Mailing Address								
6830 TOWN HA	RBOR BLVD.	6830 TOWN HARBOR BLVD.					•			
#3511		#3511								
BOCA RATON FL 33433		BOCA RATON FL 33433 US				DO NOT WRITE IN THIS SPACE				
US .		03				3. Date Incorporated or Qualifed				
6 District St	ace of Business	O- Mailing Address				07/16/1996 4. FEI Number		Analiad Car		
-	ace of business	2a. Mailing Address					Applied For Not Applicable			
21 Suite Ant # oto		Suite, Apt. #, etc.				65-0687805	CO 7	\$8.75 Additional		
Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required				
22 City & State	^	City & State				A 51-4' O			: 	
<u> </u>		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country		Zip Country				·		eu (0 1 ees	-	
24	25	29 30				 This corporation owes the current y Personal Property Tax. 	Yes	∑ No		
	9. Name and Address of Current I		30			10. Name and Address of New Regis			\dashv	
	1087.002			81	Name					
UCC FILING & SEARCH SERVICES, INC.										
	EAST PARK AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
	200			83			134 × V (4 1/4)	₹954,356,21 \$ ¹ .		
	AHASSEE FL 32302						門的門體		383	
	•			84	City	シャートを乗り返りであっている。 17日 - 東京	FL 85	Zip Code	- 2.	
44 Directort	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	e the a	hove-	named corn	oration submits this statement for the purp		its registere	-d	
office or n	egistered agent, or both, in the State of	Florida. Such change was at	uthorized	d by tr	e corporation	on's board of directors. I hereby accept the	appointment a	s registered	~	
	m familiar with, and accept the obligatio	ns of, Section 607.0505, Flor	ida Stati	utes.					ì	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Danielarad	1 Agent 6	ianatura caquira	d when reinstating) / 3 15 17 2	ATE			
12.	OFFICERS AND	<u> </u>	13.		agriculo require	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	2 9	
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NAME .	CONTOS, JAMES G		1.2 N	AME		** *** *** *** *** *** *** *** *** ***				
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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: