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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000064211 (1)

EARTH SPA, INC.

Mailing Address

Principal Place of Business
330 SOUTH PINEAPPLE #202
SARASOTA FL 34236

330 SOUTH PINEAPPLE #202 SARASOTA FL 34236-7020

FILED Apr 28 1997 8:00am Secretary of State



	V1200						
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1996		
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address		4. FEI Number Applied For		
21		26	26		65 - 068 4 545 Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #,	Suito, Apt. #, etc.		SA 75 Additional		
22		27	7		5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country	Zip	Co	ountry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes 🔀 Yes 🗌 No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ELLIS, STEVE				81 Name			
330 SOUTH PINEAPPLE #202				82 Street Address (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34236			out of victions (1.0. box Hamber is Not Acceptable)			
				83			
				84 City	Int To Code		
	·			" "	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0!	502 and 607.1508, Florid	a Statutes, the	above-named o	corporation submits this statement for the purpose of changing its registered		
Onice of r	egistered agent, or txxtn, in the Sta m familiar with, and accept the obt	ite of Florida. Such chang	ie was authoriz	eo by the corp	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature: typed or printed name of registered a	agent and title if agolicable	(NOTE: Register	red Ånert signature r	required when reinstating) DATE		
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1HLE	JNESIDENT.	DE		TITLE	Change Addition		
NAME	E-Tello Ellis	_		NAME	The state of the s		
STREET ADDRESS	5teve Ellis 330 S. Finesp	DIE # 202		STREET ADDRESS			
CITY-ST-ZIP	Savesta	4 343	S /	City-ST-ZIP			
litte	CZZZZZZ	DEL		TITLE	Change Addition		
NAME			1 '	NAME	ET OFFICE		
STREET ADDRESS							
CHY-ST-ZIP				STREET ADDRESS			
TOTLE		□ DEL		CITY-ST-ZIP TITLE	Change Addition		
NAME		OCL		NAME	C CHARLING C Addition		
STREET ADDRESS							
				STREET ADDRESS			
CHY-ST-ZIP TIME		☐ DEL		CITY-ST-ZIP	Thomas Titalica		
		L., DCL		TITLE	Change Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
C-TY-ST-ZIP		T bei		CITY-ST-ZIP			
TITLE		L DEL	- · ·	TITLE	L Change L Addition		
NAME				NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
C+TY - ST - 7IP	***************************************			CITY-ST-ZIP			
TITLE		☐ DEL	ETE 6,1 1	TITLE	Change Addition		
NAME			6.24	NAME			
STREET ADDRESS			6.3 3	STREET ADDRESS	•		
CITY - \$1 - 7IP			6.44	CITY-ST-ZIP			
14. I do hereb	y certify that the information suppli	ed with this filing does no	ot qualify for the	e exemption sta	ated 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 of 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 it changed or on an attachment with an addises.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99 94/3656581