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 # P96000072748

HEAVENLY DAY SPA, INC.

Principal Plac	ce of Business	Mailing Address			
	ton beach blvd	3301 W BOYNTON BEACH E	BLVD		
		STE #8 BOYNTON BEACH FL 33426	•	DO NOT WRITE IN TH	IIS SPACE
US US			3. Date Incorporated or Qualifed	10 01 7102	
($I \setminus I$		08/29/1996	•
2. Principal P	lace of Business	2a. Mailing Address	re,	4. FEI Number	Applied For
21		26	•	65-0696738	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	,	5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Solution of States 5 states	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
—	25		30	This corporation owes the current year Personal Property Tax.	Intangible Yes □No
24	9. Name and Address of Curr		30 ₁	10. Name and Address of New Registere	· •
ì,		(12) (O)	81 Name	10.	
, NEL	SON, SUSAN R		00 01	(D.O. Day March and Alast Assessed to 1)	
330	1 W BOYNTON BEACH BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE			83		51.761.481.481.231.31.184
BOY	NTON BEACH FL 33426		.		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered
l de office or r	registered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the comora	ition's board of directors. I berehy accept the apr	pointment as registered
30 agent Fa	am familiar with, and accept the obli	gations of Section 607.0505. Flori	da Statutes.	months board or directors. Thereby describe up	
30 Tagent Fa	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes.	alon's board of directors. Thereby accept the dip	
%OMagent/Fa	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes. Registered Agent signatura requi		
30 Tagent Fa	am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS.	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I	da Statutes. Registered Agent signature requi		AND DIRECTORS IN 12
30 Vagent Fa	Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Flori	da Statutes. Registered Agent signature requi	ired when reinstating) DATE	
SIGNATURE 12.	Signeture, typed or printed name of registered a OFFICERS D NELSON, SUSAN R	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I	da Statutes. Registered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90027 030 ***150.00