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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084741 (3)

VANITIES - WE'RE MORE THAN SKIN DEEP, INC.

Principal Place of Business Mailing Address

3811 AIRPORT ROAD NORTH
NAPLES FL 34105

Mailing Address

3811 AIRPORT ROAD NORTH
NAPLES FL 34105

FILED Feb 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

	ace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For		
21		26		65-0719363	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
		28			Trust Fund Contribution	Added		
Zıp	Country	7ip Countr		,	8. This corporation owes or has paid the current year Intangible			
			30		Personal Property Tax due June 30. 📈 Yes 🔲 No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  SCHAUDED JONE I 81 Name								
SCHAHRER, JODIE L				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				83				
				City		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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature typed or product name of registered agent and title if applicable (NOTE Registered Agent signature required when relocating)  DATE								
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	IS IN 12	
TITLE	Р	DELETE	1.1 TITLE			Change	Addition S	
NAME	HAMILTON, SHARON	HAMILTON, SHARON 1.2					13	
STREET ADDRESS	11030 FIELDFAIR DR		1.3 STREET	ADDRESS				
City-St-ZiP	NAPLES FL		1.4 CITY-S	T-21P			13	
TITLE	VP Pezzano	DELETE 21TI				Change	☐ Addition C	
NAME	<del>Peccano</del> , sara beta	22 N		1				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	naples fl		2. 4 CITY -	ST-ZIP				
TITLE	ST Jocie	DELFTE	3.1 TITLE			Change	Addition	
NAME	SCHAHRER, <del>JÖDIĞ</del> L		3.2 NAME				1	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL 34.0		3.4. CITY-5	ST-ZIP				
TITLE		DELFTE	4.1 TITLE			☐ Change	Addition	
KAME			4. 2 NAME					
STREET ADDRESS	4.3 \$		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	5 1 TITLE			Change	Addition	
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			1	
CITY-ST-ZIP			5.4 C(TY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE		·	☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	1				
	ertify that the information supplied y	vith this filing does not qualify fo			Section 119 07(3)(i). Florida Statutes, I furthe	r certify that the	information	

Indeedy certify that the information supplied with this failing does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. Further certify that the information indicated on this entrual report or supplied with this state 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 allachment with an address.

CIGNATURE

bould - Schapiel

2-9-98

513-0411