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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000101032 (6)
 1. Corporation Name
PAMPER ME DAY SPA, INC.



Principal Place of Business **#6** Mailing Address
327 NORTHWEST 23RD AVENUE **#6**
GAINESVILLE FL 32609 **GAINESVILLE FL 32609-8800**

3. Date Incorporated or Qualified **12/13/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 **327 N.W. 23rd Ave** 26 **327 N.W. 23rd Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite 6** 27 **Suite # 6**
 City & State City & State
 23 **Gainesville, Fl.** 28 **Gainesville, Fl.**
 Zip Country Zip Country
 24 **32609** 25 **USA** 29 **32609** 30 **Alachua**

4. FEI Number **59-3413008** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DEMAI, DANIEL J ESQ
4830 NORTHWEST 43RD STREET
SUITE D-54
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent
 81 Name **Demay, Daniel J. Esq**
 82 Street Address (P.O. Box Number is Not Acceptable)
4504 Summer Cove Dr. E. Suite
204
 83
 84 City **Sarasota** FL 85 Zip Code **34243**

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 *Cindy Demay* (NOTE: Registered Agent signature required when reinstating) DATE **5-13-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PS	<input checked="" type="checkbox"/>
NAME	DEMAI, CINDY L	
STREET ADDRESS	4830 NORTHWEST 43RD STREET #D-54	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VT	<input type="checkbox"/>
NAME	JONES, HARRIET W	
STREET ADDRESS	227 NORTHWEST 23RD AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DEMAI, CINDY L.		
1.3 STREET ADDRESS	327 N.W. 23rd Ave. Suite 6		
1.4 CITY-ST-ZIP	Gainesville, Fl. 32609		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 *Cindy Demay* DATE **5-13-97** **395-6530**

CR2E034 (9/96)