

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 007 ***150.00

DOCUMENT # P97000006315

1. Corporation Name

NOVA LASERLIGHT COSMETIC CENTERS, INC.

Principal Place of Business

1600 NW 12TH WAY
BOCA RATON FL 33486-1241

Mailing Address

1600 NW 12TH WAY
BOCA RATON FL 33486-1241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

65-0720515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LLOYD, MARSHALL
1600 NW 12TH WAY
BOCA RATON FL 33486-1241

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DTS ☐ DELETE

NAME LLOYD, MARSHALL
STREET ADDRESS 1600 NW 12TH WAY
CITY-ST-ZIP BOCA RATON FL 33486-1241

TITLE D ☐ DELETE

NAME SERETAN, MARTIN B
STREET ADDRESS 19700 OAKBROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE PD ☐ DELETE

NAME HOPPER, CARL
STREET ADDRESS 3301 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE V ☐ DELETE

NAME ANDREWS, JIM
STREET ADDRESS 2386 COBB PARKWAY
CITY-ST-ZIP SMYRNA GA 30080

TITLE D ☐ DELETE

NAME MAN, DANNY
STREET ADDRESS 851 MEADOWS RD #202
CITY-ST-ZIP BOCA RATON FL 33486

TITLE V ☐ DELETE

NAME PHILLIPS, STEVE
STREET ADDRESS 950 FIRST ST SOUTH
CITY-ST-ZIP WINER HAVEN FL 33880

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

James L. Andrews REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L. ANDREWS Vice President

3/19/98

Date

404-869-8580

Daytime Phone #

CR2E034 (11/98)