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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000031505 (5)

TORMENTED SOUL\$ DERMAGRAPHICS, INC.

FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 251 NEW GATE LOOP 251 NEW GATE LOOP HEATHROW FL \$2746 HEATHROW FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DRAVES, DONNA L 120 E. CONCORD STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 Zip Code 84 City 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, typied or printed name of registrated a jest and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELÉTE 1.1 TITLE TITLE CROSS, BRIAN V 5, BK/10 1.2 NAME NAME 251 NEW GATE LOOP STREET ADDRESS 1.3 STREET ADDRESS **HEATHROW FL 32746** 1.4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDR CITY-ST-ZIP 2 4 CITY - ST Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ Change ☐ DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 900002550689 -06708798--01030--02**8**0 change 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE ***150.00 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. Thereby 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 (407) 805-0721 Block 12 or Block 13 if changed, or on an attachment with an address