

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042467 (5)**

1. Corporation Name

**ESSENTIALS SPA AND BATH CO.**



Principal Place of Business

**1356 GINGER CIR  
WESTON FL 33326**

Mailing Address

**1356 GINGER CIR  
WESTON FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/13/1997**

4. FEI Number

**65-0756013**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**318 INDIAN TRACE**

Suite, Apt. #, etc.

27

City & State

28

**WESTON, FL**

29

Zip

Country

30

**33326**

**USA**

9. Name and Address of Current Registered Agent

**STERN, GLORIA G  
%PAT SHUB, ESQUIRE  
700 SE 3RD AVE #404  
FT LAUDERDALE FL 33316**

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 fee, if applicable.

**GLORIA STERN**

(NOTE: Registered Agent signature required when reinstating)

**4/16/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
RUDNICKI, PHILIP  
1320 GINGER CIR  
WESTON FL 33326**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD  
ROSENBERG, ALAN  
1356 GINGER CIR  
WESTON FL 33326**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD  
ROSENBERG, ILENE  
1356 GINGER CIR  
WESTON FL 33326**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD  
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1356 GINGER CIR  
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☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD  
ROSENBERG, ILENE  
1356 GINGER CIR  
WESTON FL 33326**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 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.

SIGNATURE

**Philip Rudnicki**

**PHILIP RUDNICKI**

**4/16/98 1356 GINGER CIR**

CR2E034 (10/97)