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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000052467 (2)

1. Corporation Name

FACE TO FACE AESTHETIC CENTER, INC.

Principal Place of Business

821 E. OCEAN BLVD., STE. A
STUART FL 34994

Mailing Address

821 E. OCEAN BLVD., STE. A
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0761533

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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S. FEDERAL HWY.
STUART FL 34994

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 D
NAME BEAUMONT, MARCIA A
STREET ADDRESS 379 NE TRADEWIND LN., #1407
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE D
NAME ENGBRETSSEN, SHAWN T
STREET ADDRESS 2126 NW FORK RD.
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE D
NAME STRAUSS, SORRELL I
STREET ADDRESS 821 E. OCEAN BLVD., STE. A
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE D
NAME STRAUSS, JAMES E
STREET ADDRESS 821 E. OCEAN BLVD., STE. A
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME MARCIA A. STRAUSS
1.3 STREET ADDRESS 379 NE TRADEWIND LN., #1407
1.4 CITY-ST-ZIP STUART, FL 34994

2.1 TITLE SECRETARY/DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VICE-PRESIDENT/DIRECTOR ☒ 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.

CR2E034 (10/97)