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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061842 (5)

A SECRET GARDEN SPA, INC.

Principal Place of Business			Mailing Address				. I ABBINDO HID INNI INNI INDIN ODIN BONI DENI DENI DI NI DI SIDO I DENI DISTO DI SIDO I DI SIDO	11	
5807 MAIN ST			5807 MAIN ST						
NEW PORT RICHEY FL 34652		NE	NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE		
1							3. Date Incorporated or Qualified		
1							07/16/1997		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied F	or	
21		26	26				59-345-6337 Not Applie		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				S8.75 Addition	ıal	
22			27				5. Certificate of Status Desired Fee Required		
City & State			City & Stato				Election Campaign Financing \$5.00 May Bare \$6.00 May Bare \$6.00 May Bare \$6.00 May Bare	Ð	
23			28			<u> </u>	Trust Fund Contribution Added to Fees		
Zip	Country		· ' — ·		ıntry		B. This corporation owes or has paid the current year Intangible	į	
24	25		29 3		0		Personal Property Tax due June 30. Yes No		
<b>}</b>	9. Name and Address of Curr	ent Regist	Registered Agent			l Ni	10. Name and Address of New Registered Agent		
	inunen, Cherry D				81	Name			
7140 JASMIN DR					82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
NEW PORT RICHEY FL 34652									
					83	I			
					84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al					pove TT	-named corpo	pration submits this statement for the purpose of changing its regist	lered	
office or r	registered agent, or both, in the Sta	ite of Florid	ia Such change was	authorize	d by	the corporation	on's board of directors. I hereby accept the appointment as registe	red	
1 -	m familiar with, and accept the obl	igations of	, 3800011 607.0303, 11	orioa sia	iules	<b>).</b>		ļ	
SIGNATURE	Signature, typed or printed name of registered a	agent and title	il applicable (NO)	E: Registere	d Agg	nt signature required	whon reinstating) DATE		
12,	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>,                                    </u>	
TITLE	<b>O</b> P		☐ DELETE	3.1.71	ITLE		Change Ac	ddition	
NAME KINNUNEN, CHERRY D			1.2 NAME						
STREET ADDRESS 7140 JASMIN DR			1.3 STREET ADDRESS			ADDRESS			
CiTY-ST-ZIP	NEW PORT RICHEY FL 346	52		1.4 C	ITY - \$1	1-ZIP			
TITLE			DELETE		2.1 TITLE		Change Ad	dition	
NAME				2.2 N	AME				
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CITY-ST-ZIP				2.40	ity-s	ST-ZIP			
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NAME				3.2 N	AME				
STREET ADDRESS				3.3 \$	TREET	ADDRESS		ľ	
CITY-ST-ZIP				3.4 C	ITY-S	51-21P			
TITLE			DELETÉ	4.1 TI	TLE		Change Ad	Idition	
NAME				4.2 N	IAME	İ			
STREET ADDRESS				43 \$1	I AEE Y	ADDRESS			
CITY-ST-ZIP					ITY-SI	l			
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STREET ADDRESS				- 1		ADDRESS			
CITY-ST-ZIP					ITY - \$1	1			
TITLE			DELETE	6.1 71			☐ Change ☐ Ad	dilion	
NAME				6.2 N					

63 STREET ADDRESS

6.4 CHY-S1-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 logal effect as if made under eath; 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 13 if chapter on an attachment with an address.