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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069263 (6)

SKIN THERAPY BY DONNA, INC.

Principal Place of Business Mailing Address

4085 TAMIAMI TRL.. N., STE. B-204

MAPLES FL 34103 NAPLES FL 34103

FILED Apr 10 1998 8:00am Secretary of State



4085 TAMIAMI TRL., N., STE. B-204 NAPLES FL 34103		44 N	4085 TAMIAMI TRL., N., STE. B-204 NAPLES FL 34103				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1997			
2. Principal Place of Business				2a. Mailing Address 26				4. FEI Number 346244 8		pplied For lot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired
City & State			28	City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip M	Country 25			Zip Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9, Name a	nd Address of C	urrent Regist	ered Agent				10. Name and Address of New Registered A	gent	
FILL	PPO. PAUL	S				81	Name			
2150 GOODLETTE RD., STE. 305 NAPLES FL 34102						82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
						83		,		
					;	84	City	FL	1 1	Code
11. Pursuant to office or re agent. I as	to the provision egistered ager m familiar with	ns of Sections 60 nt, or both, in the , and accept the	7.0502 and 60 State of Floric obligations of	07,1508, Florida Statu la Such change was , Section 607,0505, Fl	tes, the al authorize lorida Stat	bove d by lutes	-named co the corpor	progration submits this statement for the purpose of ration's board of directors. I hereby accept the appointment of the purpose of the programment of the purpose of the p	changing pintment as	its registered s registered
SIGNATURE .	Signature, broad or	printed name of registe	red soont and bite	if amplicable (NO)	IF Baoistara	d Ane	nt signature rec	quired when reinstating) DATE		
12.	org. Clorb, typica o		S AND DIREC		13.	0 1100	iii o gradio req	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D			DELETÉ	1.1 70	TLE			Change	Addition
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NAME	FORSYTH	E. DONNA		_	1.2 N	AME	Ì	•		1
		e, donna 4 ave., sw			1.2 N		ADORESS			
STREET ADDRESS	6060 14TI	H AVE., SW			1.2 N/ 1.3 ST	REET	ADDRESS .			
STREET ADDRESS City-St-Zip		H AVE., SW		☐ DELETE	1.2 N/ 1.3 ST	TREET		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	6060 14TI	H AVE., SW		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI	TREET TY-ST		· · · · · · · · · · · · · · · · · · ·		Addition
	6060 14TI	H AVE., SW		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TY-ST TLE AME				Addition
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Indicated on this annual report or suppliemental 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 is thanged, or on an attachment with an address.

IGNATURE: DOWN LORSHIP DOWN LFOTS 44.2.98

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