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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY+ST-ZIP



FLORIDA DEPARTMEST OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000106316 (7) **DOCUMENT #**

FLORIDA SKIN CARE INC.

Principal Place of Business Mailing Address 2298-D S. MILITARY TRAIL-2298-D S. MILITARY TRAIL SUITE 23 SUITE 23 WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33415 3. Date Incorporated or Qualified 12/17/1997 Principal Place of Business 2a. Mailing Address Applied For 4698 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Country Yes Personal Property Tax due June 30. 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUTCHER, ROBERT 2298-D S. MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 23 83 **WEST PALM BEACH FL 33415** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stonature, typed or pointed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **BUTCHER, ROBERT** NAME 1.2 NAME 1038 C SUMMIT TRAIL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 1.4 City - ST - ZiP CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 7 ITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIF CITY-ST-ZIP ☐ Addition Change TITLE DELETE 41 TITLE 100002546951 4 2 NAME NAMÉ -06/04/98--01007--027 4.3 STREET ADDRESS STREET ADDRESS ***150.00 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS **5.3 STREET ADDRÉSS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE 6.2 NAME NAME

14. Thereby cortify 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 path; 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, Fjorida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or on an attachment with an address.

63 STREET ADDRESS

64 CITY-ST-ZIP

FILED

Jun 02 1998 8:00am

Secretary of State