

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90001 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017031

1. Corporation Name  
**SPA RENAISSANCE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**80 WEST GORE STREET ORLANDO FL 32806**

3. Date Incorporated or Qualified  
**02/23/1998**

2. Principal Place of Business 2a. Mailing Address  
**21 67 W. MILLER ST. 26 67 W. MILLER STREET**

4. FEI Number Applied For  
**59-3493900** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 27**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State City & State  
**23 ORLANDO, FL 28 Orlando, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country Zip Country  
**24 32806 25 U.S. 29 32806 30 U.S.**

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, STEPHEN M  
 725 NORTH MAGNOLIA AVENUE  
 ORLANDO FL 32803**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>Leonard J. Levine</b>
CITY-ST-ZIP	<b>80 W. Gore Street</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: 7/6/99 (407) 999-7785

CR2E034 (5/99)

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**Spa Renaissance, Inc**  
**Skin Care Clinic and Day Spa**  
**67 W. Miller Street**  
**Orlando, FL 32806**  
**407-999-7785**  
**407-999-7703 Fax**

July 6, 1999

To: Florida Dept. of State

Fr: Spa Renaissance  
67 W. Miller Street  
Orlando, FL 32806  
(407) 999-7785  
FEI # 59-3493900

To Whom it May Concern:

Spa Renaissance, Inc. received a second notice regarding the 1999 profit corporation annual report on July 6, 1999.

There was no initial notification received by Spa Renaissance, Inc. back in January 1999.

Upon receiving the second notice this morning, Spa Renaissance contacted your office and spoke to a Mr. Shaun Toner. He directed me to attach this letter stating that the initial notice had not been received to the completed report along with a check in the amount of \$ 150.00. Please find all current information provided on the report along with the check.

Sincerely,

Spa Renaissance, Inc.