PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043396

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90077 027 ***150.00

	TOUCH DAY SPA, INC.					
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Principal Place	e of Business	Mailing Address			B164868 (11(8	
118 WEST DICIE STREET 118 WEST DICIE STREET						
EUSTIS FL 32726 EUSTIS FL 32726				DO NOT MIDITE IN THIS	CDACE	
				DO NOT WRITE IN THIS	STACE	
				3. Date incorporated or Qualifed 05/11/1998		1
2 Deiesipal D	lace of Business	2a. Mailing Address		4 EEI Number	Appl	lied For
	race or business	26 Nating Address		59-35/5/14	· +	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Ac	
22	.,	27		5. Certificate of Status Desired	Fee Req	uired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	This corporation owes the current year In		Ì
24	25		30	Personal Property Tax.		<u>€</u> No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
PESI	HEK, ELLEN M					
118 WEST DICIE STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		}
	TIS FL 32726		83	<u> </u>		
Luu	110 1 2 02120		[83]			
			84 City	FL	85 Zip Co	ode
		2 and 607 1600 Florida Statuto	a the above named co	reporation submits this statement for the purpose of	f changing its f	registered
office or r	registered agent or both in the State.	of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the appo	intment as regi	istered
	am familiar with, and accept the obliga	tions of Section 607.0505. Flori	ida Statutes			
agent. I a	att latitud Wat, and doopt are cong.	illoris or, Section our losos, mon	da Giatatoo.			
agent. I a SIGNATURE				uired when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requ		ND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature requ			
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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, with all other like empowered.

SIGNATURE

SELLATIME HELLIKED
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 352-483-2424

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:R2E034 (11/98)