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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000048833

1. Corporation Name

CITY-ST-ZIP.

PAMELA'S ESSENTIALS FOR HEALTHY SKIN, INC.

								<b>1</b> 14100 1131 1001	
Principal Place of Business Mailing Address									
3054 CINNAMON BLVD. 3054 CINNAMON BLVD.									
PALM HARBOR FL 34684 PALM HARBOR FL 3468						DO NOT WRITE IN THIS SPACE			
							ACE		
						3. Date Incorporated or Qualifed			
						05/29/1998	11.		
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number	++	<del>pplied-Fer</del>	
21		26				65-0844341		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		Additional	
22	· ·	27				5. Octavate di Status Beening	Fee R	equired	
City & Stat	e	City & Star	ie			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Co	untry	,	8. This corporation owes the current year Intang	gible		
24	25	29	30			Personal Property Tax.	es	□No	
	9. Name and Address	of Current Registered Agen	ıt			10. Name and Address of New Registered Ag	ent		
1				81	Name				
Waugh, Pamela S					20 Ct (AA) (D.C.D. All the site Not Annual All (A)				
3054 CINNAMON BLVD.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
PALI	M HARBOR FL 34684			83	<del>                                     </del>				
				"					
				84	City	FL	85 Zip	Code	
	· -				<u> </u>				
11. Pursuant	to the provisions of Section	s 607.0502 and 607.1508, Flo the State of Florida, Such cha	orida Statutes, the	abov	e-named co the comora	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointn	anging its sent as re	egistered	
agent. I a	m familiar with, and accept	the obligations of Section 60	7.0505, Florida Sta	tutes				,	
			1-11-	~/	<i>[-</i> ]	Sident 1/247	9		
SIGNATORE	Signature, typed or printed name of n	egistered agent and title if applicable.	(NOTE: Register)	Age	nt signature req	uired when reinstating)			
12.	UFF1	ICENS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D		DELETE 1.1	TITLE			] Change	Addition	
NAME	Waugh, Pamela S		1.21	NAME					
STREET ADDRESS	3054 CINNAMON BLV	D.	1.3 !	STREE	TADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 340	684	1.47	CITY-S	T-ZIP				
TITLE				TITLE			] Change	Addition	
NAME			221	NAME					
l	}				T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP				CITY-S	01-ZIP		Change	Addition	
TITLE									
NAME				NAME				j	
STREET ADDRESS			3.3	STREE	TADDRESS			}	
CITY-ST-ZIP				CITY-	ST-ZIP		<b>-</b>	50.10	
TITLE			DELETE 4.1	TITLE		L	_ Change	Addition	
NAME			4. 2	NAME				-	
STREET ADDRESS	[		4.3	STREE	T ADDRESS				
CITY-ST-ZIP	}		44	CITY-S	T-ZIP				
TITLE				TITLE			Change	☐ Addition	
NAME	{		52	NAME					
STREET ADDRESS			5.3	STREE	T ADDRESS				
				CITY-S					
CITY-ST-ZIP		m		TITLE			Change	Addition	
TITLE			0000.0	NAME		_	_ = 0g0		
NAME					T ADDRESS				
070007 4000000	ı		■ 63°	NIKEE	L BUILDING SALE				

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CiTY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

May 06, 1999 8:00 am Secretary of State

05-06-1999 90031 030 \*\*\*150.00