فواستان العبيعة

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT#</b>	P98000054406
1 Corporation Name	. 0000000 0

AESTHETIC SPECIALISTS, INC.

Principal Place of Business	Mailing Address
402 STALLION BOARD OF THE STALL OXAHATCHEE FL 33470	1402 STALLION ROAD LOXAHATCHEE FL 33470

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90034 050 \*\*\*150.00

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Principal Place	e of Business	Mailing Address			1						
		1402 STALLION ROX LOXAHATCHEE FL 3					DO NOT WRI	TE IN THIS	SPACE		
					İ	3. Date incorpor	rated or Qualifed		<del> </del>		
		1 4 14 8 - 14 4 - 1				06/17/199 4, FEI Number	8			Applied Fo	
2. Principal Pl	ace of Business	2a. Mailing Address	2			51-	2826	874	┝┪	Not Applic	
1									\$8.7	5 Addition	
Suite, Apt.	#, etc.	<u> </u>	u.		ł	5. Certificate of S	Status Desired	. 🗆		Required	-
2		City & State				6, Election Cam	nales Einancina		\$5.0	00 May Be	
City & State	9	28			. !	Trust Fund C	. •			ed to Fees	
Zip	Country	Zip	Co	untry		8. This corporati		rent year in	angible		$\neg \neg$
سبب دوند		20	30	مصحيت			perty Tax.		- ∰ Yes-	No-	
4	9. Name and Address of Cu			1		10. Name and A			Agent		
				81 Na	ne						ì
	SHEIM, GEORGE B			00 00		- (O.O. Bay Numb	Alet Assent	able)			
	STALLION-ROAD PARING			82 Str	et Addres:	s (P.O. Box Numb	ra is real eccept	<del></del>			[
	NHATCHEE FL 33470			83			<del></del>				$\neg \neg$
									11 -	- 0-1-	
				84 City	•			FI	[85] Z	ip Code	ì
44 Chimminal	to the provisions of Sections 607.	0502 and 607 1508 Florida	Statutes the	above-nan	ed comora	ation submits this	statement for the	purpose of	changing	its register	red
office or re	to the provisions of Sections 607, egistered agent, or both, in the Sim familia with, and accept the ob-	ate of Florida, Such change	was authorize	ed by the c		s board of director	rs. I hereby accep	pt the appo	ntment as	: registered	<sup>1</sup>
				, o, o, o, o	orporaucii						1
agent. I a	m familia with, and accept the ob	section 607.050	05, Florida Sta	iutes.	orporaucii						1
SIGNATURE	/dear & E	Kleek	'		orporador.			DATE			- 1
SIGNATURE	Signature, typed or printed ry his of registered	agent and title if applicable.	(NOTE: Registers	id Agent signe	orporador.	hen reinstating)		DATE			- 1
SIGNATURE	Signeture, typed or printed in the of registered OFFICERS	a agent and trie if applicable.	(NOTE: Registers	id Agent signe	orporador.	hen reinstating)	HANGES TO OF	DATE		TORS IN	- 1
SIGNATURE 12. TITLE	Signature, typed or printed rights of registered OFFICERS	agent and title if applicable.	13 ETE 1.11	id Agent signe ), TITLE	orporador.	hen reinstating)		DATE	ID DIREC	TORS IN	- 1
SIGNATURE 12. TITLE NAME	Espainium, typed or printed riffer of registered OFFICERS PD PEIL, GREGORY G	agent and title of applicable.  SAND DIRECTORS  DELI	13 ETE 1.11	id Agent signe I, TITLE NAME	ure required w	hen reinstating)		DATE	ID DIREC	TORS IN	- 1
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PD PEIL, GREGORY G 1402 STALLION-ROAD	agent and title of applicable.  SAND DIRECTORS  DELI	133 ETE 1.11 121 1.33	id Agent signe I, TITLE NAME STREET ADDR	ure required w	hen reinstating)		DATE	ID DIREC	TORS IN	- 1
51GNATURE 12. TITLE NAME STREET ADDRESS CITY: ST-ZIP	PD PEIL, GREGORY G 1402 STALLION-ROAD LOXAHATCHEE FL 33470	agent and title if applicable.  SAND DIRECTORS  DELI	13 ETE 1.11 121 134	IN Agent signer I. TITLE NAME STREET ADDR CITY-ST-ZIP	ure required w	hen reinstating)		DATE	ID DIREC	CTORS IN :	12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PEIL, GREGORY G 1402 STALLION-ROAD LOXAHATCHEE FL 33470	agent and title of applicable.  SAND DIRECTORS  DELI	13 ETE 1.11 121 1.31 1.41 ETE 2.11	III Agent store  TITLE  NAME  STREET ADDR  CITY-ST-ZIP	ure required w	hen reinstating)		DATE	O DIREC	CTORS IN :	12 ddition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY: \$1-ZIP  TITLE  NAME	PD PEIL, GREGORY G LOXAHATCHEE FL 33470  PEIL, LAURIE	a symf and title of applicable.  SAND DIRECTORS  DELI	13 ETE 1.11 121 133 1,44 ETE 2.11	III Agent stores II. TITLE NAME STREET ADOR CITY-ST-ZIP TITLE	ire required w	hen reinstating)		DATE	O DIREC	CTORS IN :	12 ddition
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am efficier or director of the corporation or the report 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 a statute with an address, with all other like empowered.

SIGNATURE: