PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000058760 1. Corporation Name

TECHNO-SPA MANUFACTURING, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90062 015 \*\*\*150.00

| I LOS IMO  | O A WANTO ACTOUNTS,   | 11101  |  |   |  |   |  |                                   |                                      |
|--|---|--|--|---|--|---|--|-----------------------------------|--------------------------------------|
| Principal Plac   | ce of Business  | Mai  | iling Address  |   |  |   | t idelitat sie inret ibnit entin matit gent gent gent  | C B1(84 1511) 194(8               |                                      |
| 320 FENTRESS   |   | 320  | FENTRESS BOUL  | LEVARD  |  |   | 1  |                                   |                                      |
|  | CH FL 32114-1206  |  | TONA BEACH FL  |   |  |   | DO NOT WEITE IN THE  | C CDACE                           |                                      |
|  |   |  |  |   |  | DO NOT WRITE IN THE 3. Date incorporated or Qualifed                  | a arace  |                                   |                                      |
|  |   | •  |  | ,   |  |   | 07/01/1998   |                                   |                                      |
| <u> </u>   | 2 - S Dunis   |  | Mailing Address  |   |  |   | 4. FEI Number  | An                                | plied For                            |
| <del>-</del>   | Place of Business   |  | мали Вилия   | ,i  |  |   | 59-3524788   |                                   | t Applicable                         |
| 21   | At also   | 26   | Suita, Apt. #, eti                                       | r.  |  | <del></del>   |  | \$8.75                            |                                      |
| Suite, Apt.  | . #, 016.   | 27   |  |   |  |   | 5. Certificate of Status Desired   |                                   | dniseq                               |
| City & Stat  | te  |  | City & State   |   |  |   | 6. Election Campaign Financing   | \$5,00                            | Mav Be                               |
| 23   |   | 28   |  |   |  |   | Trust Fund Contribution  | - Added t                         | •                                    |
| Zip  | Country   |  | Zip ,  | Ço  | untry  | ,   | 8. This corporation owes the current year !  |                                   |                                      |
| 24   | 25  | 29   |  | 30  |  |   | Personal Property Tax.   | Yes                               | □No                                  |
|  | 9. Name and Address of Curr   | rent Regist  | ered Agent   |   | 工  |   | 10. Name and Address of New Registere  | l Agent                           |                                      |
|  |   |  |  |   | 61   | Name  |  |                                   |                                      |
|  | RET, STEVEN M   |  |  |   | 82   | Street Add  | tress (P.O. Box Number Is Not Acceptable)  |                                   |                                      |
|  | HILLCREST STREET  |  |  |   |  |   |  |                                   |                                      |
| ORL  | ANDO FL 32801   |  |  |   | 83   |   |  |                                   |                                      |
|  |   |  |  |   | 84   | City  |  | 85 Zip (                          | Code                                 |
| 1  |   |  |  |   | 100  | 1   | F  | LIT                               |                                      |
| office or i<br>agent. I a  | registered agent, or both, in the Stat<br>am familiar with, and accept the obliq  | igations of,   | a. Such change<br>Section 607.050                        | was aurionze<br>5, Florida Sta  | tutes  | ine corporat  | poration submits this statement for the purpose<br>ion's board of directors. I hereby accept the app   | of changing its<br>ointment as re | registered<br>gistered               |
| 11. Pursuant office or agent. I a  | registered agent, or both, in the State<br>am familiar with, and accept the obliq   | gations of,  | Section 607.050  | (NOTE: Registers  | tutes  | ine corporat  | poration submits this statement for the purpose ion's board of directors. I hereby accept the application of the purpose of the statement for the purpose ion's board of directors. I hereby accept the application's board of the purpose of the purp | NO DIRECTO                        | ORS IN 12                            |
| office or agent. I a   | registered agent, or both, in the Statem familiar with, and accept the oblig<br>Signature, typed or printed name of registered a  | gations of,  | Section 807.050  | (NOTE: Registers  | tutes  | ine corporat  | and when reinstating)  DATE  |                                   | <u></u>                              |
| office or agent. I a SIGNATURE   | registered agent, of both, in the State<br>am familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS A   | gations of,  | Section 607.050  | (NOTE: Registers 13   | tutes  | ine corporat  | and when reinstating)  DATE  | NO DIRECTO                        | ORS IN 12                            |
| office or agent. I a<br>SIGNATURE<br>12.   | registered agent, of both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS & D ZOGHAID, JACQUELINE  | gations of, s  | Section 607.050  | (NOTE: Registers  13 TE 1.11  | ITLE   | ine corporat  | and when reinstating)  DATE  | NO DIRECTO                        | ORS IN 12                            |
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| office or in agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  | registered agent, of both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A ZOGHAID, JACQUELINE 320 FENTRESS BOULEVARD                           | is of Fibrida<br>gations of, t<br>appell and little If | Section 607.050  | (NOTE: Registers 1.11  13: TE 1.11  12: 13: 14: TE 2.11   | TITLE  | T ADDRESS   | and when reinstating)  DATE  | NO DIRECTO                        | ORS IN 12                            |
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6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

QUREJACQUELINE ZOGHALB