**FILED** 

Jun 23, 1999 8:00 am Secretary of State

06-23-1999 90005 027 \*\*\*150.00

## 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 # P98000077754

1. Corporation Name

FOREVER YOUNG SKINCARE, INC.

| Principal Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Business                                                                                                                  | Mailing Address                                  |                                                                                                                                                                   |                                                                            | , 144,114                                   |                   |                                |                            |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|-------------------|--------------------------------|----------------------------|---------|
| 11880 ASHFOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D LANE                                                                                                                       | 11880 ASHFORD LANE                               |                                                                                                                                                                   |                                                                            |                                             |                   |                                |                            |         |
| DAVIE FL 33325 DAVIE FL 33325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              |                                                  |                                                                                                                                                                   |                                                                            | DO NOT WRITE IN THIS SPACE                  |                   |                                |                            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                  |                                                                                                                                                                   |                                                                            | 3. Date Incorporated or Qual                |                   |                                |                            | J       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                  |                                                                                                                                                                   |                                                                            | 09/02/1998                                  |                   |                                |                            | i       |
| 2 Dringing D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lace of Business                                                                                                             | 2a. Mailing Address                              | ····                                                                                                                                                              |                                                                            | 4. FEI Number                               |                   | Apr                            | olied For                  | l       |
| 2. Prinicipal Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lace of busiless                                                                                                             | 26                                               |                                                                                                                                                                   |                                                                            |                                             | 9 <i>0</i>        | ·   · · ·                      | Applicable                 | ı       |
| Suite, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | # etc                                                                                                                        | Suite, Apt. #, etc.                              |                                                                                                                                                                   |                                                                            | 7 3                                         |                   | \$8.75 A                       | dditional                  | ı       |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <i>n</i> , 500                                                                                                               | 27                                               |                                                                                                                                                                   |                                                                            | 5. Certifcate of Status Desire              | d 🗆               | Fee Red                        | quired                     | ŀ       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e                                                                                                                            | City & State                                     |                                                                                                                                                                   |                                                                            | 6. Election Campaign Finance                | ing $\Box$        | \$5.00                         | May Be                     | ı       |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              | 28                                               |                                                                                                                                                                   |                                                                            | Trust Fund Contribution                     | <u>a</u> 🗆        | Added to                       | Fees                       | ı       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                                      | Zip                                              | Country                                                                                                                                                           | 7                                                                          | 8. This corporation owes the                | current year Inta |                                |                            | ı       |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25                                                                                                                           | 29                                               | 30                                                                                                                                                                |                                                                            | Personal Property Tax.                      |                   |                                | □No                        |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Name and Address of Curren                                                                                                | t Registered Agent                               |                                                                                                                                                                   | T                                                                          | 10. Name and Address of N                   | w Registered A    | Agent                          |                            | ĺ       |
| 1.615 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ICM MILICA E                                                                                                                 |                                                  | 81                                                                                                                                                                | Name                                                                       |                                             |                   |                                |                            | ĺ       |
| MILHEM, MUSA E<br>1051 IVES DIARY ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                                  | 82                                                                                                                                                                | Street Add                                                                 | dress (P.O. Box Number is Not Acc           | eptable)          |                                |                            | ì       |
| N MIAMI BEACH FL 33179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                                  | -                                                                                                                                                                 |                                                                            |                                             |                   |                                |                            | l       |
| 1A MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IAMI DEACH PL 33179                                                                                                          |                                                  | 83                                                                                                                                                                |                                                                            |                                             |                   |                                |                            | l       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                            |                                                  | 84                                                                                                                                                                | City                                                                       |                                             | FL                | 85 Zip C                       | ode                        | l       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                              |                                                  |                                                                                                                                                                   | <u> </u>                                                                   |                                             |                   | ah an ain a ita d              | ragistarad                 | l       |
| office or r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to the provisions of Sections 607.050:<br>egistered agent, or both, in the State<br>in familiar with, and accept the obligat | of Florida. Such change was au                   | ithorized by                                                                                                                                                      | the corporati                                                              | ion's board of directors. I hereby a        | ccept the appoir  | ntment as reg                  | jistered                   | !       |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature, typed or printed name of registered agen                                                                          |                                                  |                                                                                                                                                                   |                                                                            |                                             |                   |                                |                            |         |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                              | Land title if applicable (NOTE: I                | Registered Age                                                                                                                                                    | nt signature requir                                                        | red when reinstating)                       | DATE              |                                |                            | ١,      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICERS AN                                                                                                                  |                                                  | Registered Age                                                                                                                                                    | nt signature requir                                                        | red when reinstating) ADDITIONS/CHANGES TO  |                   | D DIRECTO                      | RS IN 12                   | 6       |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OFFICERS AN                                                                                                                  | at and title if applicable. (NOTE: ID DIRECTORS) |                                                                                                                                                                   | nt signature requin                                                        | red when reinstating)  ADDITIONS/CHANGES TO |                   | D DIRECTOI                     | RS IN 12                   | 3       |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVD                                                                                                                          | D DIRECTORS                                      | 13.                                                                                                                                                               |                                                                            | ADDITIONS/CHANGES TO                        | OFFICERS AN       | -Change                        |                            | (00,77) |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              | D DIRECTORS                                      | 13.<br>1.1 TITLE<br>1.2 NAME                                                                                                                                      |                                                                            | ADDITIONS/CHANGES TO                        | OFFICERS AN       | -Change                        |                            | 100,777 |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE                                                                                    | D DIRECTORS                                      | 13.<br>1.1 TITLE<br>1.2 NAME                                                                                                                                      |                                                                            | ADDITIONS/CHANGES TO                        | OFFICERS AN       | -Change                        |                            |         |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PVD<br>NEWMAN, POLI                                                                                                          | D DIRECTORS                                      | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE                                                                                                                         |                                                                            |                                             | OFFICERS AN       | -Change                        |                            | 100.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325                                                                  | D DIRECTORS                                      | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-5                                                                                                           |                                                                            | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ehange                       | ☐ Addition                 |         |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD                                                            | D DIRECTORS                                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME                                                                                                    |                                                                            | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ehange                       | ☐ Addition                 |         |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E                                          | D DIRECTORS                                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME                                                                                                    | ST-ZIP                                                                     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ⊈- ehange<br>2<br>- ☐ Change | ☐ Addition                 |         |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS                                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE                                                                                          | ST-ZIP                                                                     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ehange                       | ☐ Addition                 |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE                              | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-                                                                                | ST-ZIP                                                                     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ⊈- ehange<br>2<br>- ☐ Change | ☐ Addition                 |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE                              | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME                                                             | ST-ZIP                                                                     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ⊈- ehange<br>2<br>- ☐ Change | ☐ Addition                 |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE  DELETE                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-                                         | ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP                             | ADDITIONS/CHANGES TO                        | OFFICERS AN       | ☐ Change                       | Addition Addition          |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE                              | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE                               | ET ADDRESS  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | - ⊈- ehange<br>2<br>- ☐ Change | ☐ Addition                 |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE CONTROL OF T | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE  DELETE                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME                      | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP    | ADDITIONS/CHANGES TO                        | OFFICERS AN       | ☐ Change                       | Addition Addition          |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE  DELETE                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME                      | ET ADDRESS  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP     | ADDITIONS/CHANGES TO                        | OFFICERS AN       | ☐ Change                       | Addition Addition          |         |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE  DELETE  DELETE              | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP                      | ADDITIONS/CHANGES TO                        | OFFICERS AN       | ☐ Change ☐ Change ☐ Change     | Addition Addition Addition |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PVD<br>NEWMAN, POLI<br>11880 ASHFORD LANE<br>DAVIE FL 33325<br>SD<br>MILHEM, MUSA E<br>1051 IVES DAIRY ROAD                  | D DIRECTORS  DELETE  DELETE                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE            | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP | ADDITIONS/CHANGES TO                        | OFFICERS AN       | ☐ Change                       | Addition Addition          |         |

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition

Division of Corporation Florida Department of status P.O. Box 6327 Tallahhase, FL 32314

P98000077754 579060-90005-27

RE: Reinstating my coorportation, Forever Young Skincare Inc.

To Whom it May Concern,

I did not realize that I needed to file the annual report by may 1. Plus I moved and did not receive the paper work until now. Please accept my annual report with my \$150.00 fee and please reinstate my corporation. Thank you so much.

Yours Truly,

Poli Newman Milhem

1222 Manor Crt.

Weston, FL 33326