1. Entity Name

SIGNATURE

THE STEAM AND SAUNA CONNECTION, INC.

Principal Place of Business

1500 SOUTH WEST 2ND PLACE
POMPANO BEACH FL

Mailing Address

1500 SOUTH WEST 2ND PLACE POMPANO BEACH FL 33069-3220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number

Zip Country Zip Country 5. Certificate of

NINOS, CHRISTOPHER M 5100 WEST COPANS ROAD SUITE 100 MARGATE FL 33063

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)	

65-0879127

City FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(See criteria on back)

Make

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

Name

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Zip Code

DATE

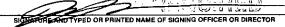
Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCKEE, JEFFREY B STREET ADDRESS STREET ADDRESS 914 CYPRESS DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE



4/4/00

954-784-7279

Daytime Phone

CR2E034 (9/99