**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000098898

<ol> <li>Corporation</li> </ol>						1			
SOUTHBRIDGE HEALTH AND BEAUTY INC.						A 10011000 110 1410 15111 EBITA Adita Adita Adita	17 <b>0 1600</b> 0 1818 1 1811 1	(1) D. (6) (40)	
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Principal Place		Mailing Address							
38 VISTA DEL RIO BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426									į
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						3. Date Incorporated or Qualifed		ì	
						11/24/1998		olied For	
2. Principal Pl	2a. Mailing Address	Jailing Address			4. FEI Number 65-087772-8	1	Applicable		
21 26 Suite Art # etc						00 00 00	\$8.75 A		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	Fee Re		
27     27						6. Election Campaign Financing	\$5.00	May Be	
23	- 28				Trust Fund Contribution	- Added to			
Zip	Country	Zíp	Cou	ntry		8. This corporation owes the current year	Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	·			10. Name and Address of New Registers	d Agent		
		_		81 1	Name				
	RKE, JOHN E			82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)			1
	ISTA DEL RIO								
BOY	NTON BEACH FL 33426			83				İ	
			!	B4 (	City		85 Zip C	ode	
!						F		CEI.	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statul Florida, Such change was a	es, the at uthorized	bove-n I by the	named corpo e corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its o	registered istered	
agent I ar	m familiar with, and accept the obligation	one of Section 607 0505 Fig	dida Ctate	444	•			1	
-9		DE13 OF, GROUNDIE GOT .0000, 1 IO	NIUM SIMI	utes.					
SIGNATURE									€
SIGNATURE	Signature, typed or printed name of registered agent:	and life if applicable. (NOTE							(96/
SIGNATURE		and life if applicable. (NOTE	Registered	Agent sig		when reinstating? DATE			(11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable. (MOTE	Registered	Agent et		when reinstating? DATE	AND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signifue, typed or privided name of registered agent.  OFFICERS AND  P  CLARKE, JOHN E	and little if applicable. (MOTE	13.	Agent et	Quadure required	when reinstating? DATE	AND DIRECTO	RS IN 12	E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable. (MOTE	13. 1.1 TO 1.2 N/ 1.3 ST	Agent etc	CORESS	when reinstating? DATE	AND DIRECTO	RS IN 12	3R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signiture, typed or privated names of registated agent.  OFFICERS AND  P CLARKE, JOHN E 38 VISTA DEL RIO	and little if applicable. (MOTE	13. 1.1 TO 1.2 N/ 1.3 ST	Agent ex TLE NME REET AD TY-ST-ZI	CORESS	when reinstating? DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZBP	Signiture, typed or privated names of registated agent.  OFFICERS AND  P CLARKE, JOHN E 38 VISTA DEL RIO	and We if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TO 1.2 N/ 1.3 ST 1.4 Cr 2.1 TI	Agent ex TLE NME REET AD TY-ST-ZI	CORESS	when reinstating? DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CLARKE, JOHN E 38 VISTA DEL RIO BOYNTON BEACH FL 33426 V CLARKE, ELLEN J 38 VISTA DEL RIO	and We if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TO 1.2 N/ 1.3 ST 1.4 Cr 2.1 TI 2.2 N/	Agent et TLE NME REET AD IV-ST-21	Quature required  CORESS	when reinstating? DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME	P CLARKE, JOHN E 38 VISTA DEL RIO BOYNTON BEACH FL 33426 V CLARKE, ELLEN J	end life if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TO 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 1.2 4 CC	Agent etc TLE WATE TY-ST-ZZ TLE WATE TREET AD TY-ST-Z	Quature required  DORESS  DORESS	when reinstating? DATE	AND DIRECTO	RS IN 12 Addition	CR2E034 (11/98)
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64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall here the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 1999 8:00 am Secretary of State 05-05-1999 90162 045 \*\*\*150.00