

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90004 015 \*\*\*150.00

0072103

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000098995

1. Corporation Name  
 THE IMAGE TOTAL BODY SALON INC.



Principal Place of Business: 765 NORTHLAKE BLVD. WEST PALM BEACH FL 33408  
 Mailing Address: 765 NORTHLAKE BLVD. WEST PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 11/23/1998

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number  
 65-0879691 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

KIESLING, ROBERT A  
 1101 NO. CONGRESS AVE., STE 203  
 BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Robert Kiesling DATE: July 19, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

D GONZALEZ, TRACIE T 765 NORTHLAKE BLVD. WEST PALM BEACH FL 33408

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1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 7-19-99 561 844 7210

CR2E034 (5/99)

The Image Total Body Salon  
765 Northlake Blvd.  
North Palm Beach, Florida 33403

619644-9004-15  
P98000098995

July 19, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Division of Corporations:

I am writing this letter to inform you that I did not receive the first notice.

My correct address is: **765 NorthLake Blvd. North Palm Beach, Florida 33408**

My correct telephone number is: **(561) 844-7210**

Please accept the \$150.00 for the first notice, and do not hesitate to call me if you have any questions.

With regards:



Tracie Gonzalez,  
The Image Total Body Salon

cc: Robert Kiesling