

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90006 004 \*\*\*550.00

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**

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

**DOCUMENT # P98000103267**

1. Corporation Name

X Cosmeceuticals, Inc.

Principal Place of Business

103 W. Palm Ave

Mailing Address

103 W. Palm Ave.

Lake Worth, FL 33467 Lake Worth, FL 33467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5050 10th Avenue NORTH

2a. Mailing Address

26 5050 10th Avenue NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Worth, FL

City & State

28 Lake Worth

Zip Country

24 33463

25 US

Zip Country

29 33463

30 US

3. Date Incorporated or Qualified

12/10/98

4. FEI Number

65-0885192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

9. Name and Address of Current Registered Agent

Agnes Heron

103 W. Palm Ave.

Lake Worth, FL 33467

10. Name and Address of New Registered Agent

81 Name

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

5050 10th AVE. NORTH

83

84 City LAKE WORTH

FL

85 Zip Code 33463

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director DELETE  
NAME Agnes Heron  
STREET ADDRESS 103 W. Palm Ave.  
CITY - ST - ZIP Lake Worth, FL 33467

TITLE Director DELETE  
NAME Elizabeth Gablehouse  
STREET ADDRESS 2510 Chamberlane Drive  
CITY - ST - ZIP Tallahassee, FL 32312

TITLE Director DELETE  
NAME Phillip Briggs  
STREET ADDRESS 2 Elm Creek Dr. #407  
CITY - ST - ZIP Elmhurst, IL 60126

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change Addition  
1.2 NAME  
1.3 STREET ADDRESS 5050 10th AVE NORTH  
1.4 CITY - ST - ZIP LAKE WORTH, FL 33463

2.1 TITLE VICE PRESIDENT 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 DIRECTOR, SECRETARY, TREASURER Change Addition  
4.2 NAME ANN SPURLIN  
4.3 STREET ADDRESS 5050 10th AVE NORTH  
4.4 CITY - ST - ZIP LAKE WORTH, FL 33463

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, with all other like empowered.

SIGNATURE: Agnes Heron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #