

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAR -1 PM 4:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S36512 (9)

1. Corporation's Name

HEALTH & BEAUTY ACUPUNCTURE CLINIC INC.

Principal Place of Business

**2601 N FLAGLER DR
STE 304
WEST PALM BEACH FL 33407
US**

Mailing Address

**2601 N FLAGLER DR
STE 304
WEST PALM BEACH FL 33407
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

05/11/1994

4. FEI Number

65-0245090

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 has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUGER, NICOLE
710 NE 7TH ST
APT 404
BOYNTON BCH FL 33435**

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 607.0503 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or person authorized to accept service of process)

(Signature of Registered Agent or person authorized to accept service of process)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

**AUGER, NICOLE
710 NE 7TH, APT 404
BOYNTON BCH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

7. TITLE

8. NAME

9. STREET ADDRESS

10. CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or transfer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is printed in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE

Nicole Auger

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature Number