FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:56

DOCUMENT # S51944 (4)

1. Corporation Name
ENDLESS SUMMER BODY SALON, INC.

Principal Place of Business	Mailing Address
461 ATLANTIC BLVD ATLANTIC BEACH FL 32233	461 ATLANTIC BLVD ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1991
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

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

4. FEI Number: 59-3070353 ☐ 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

9. Name and Address of Current Registered Agent

HAROLD MATTHEWS
1006 ASSIST LANE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 X Harold Matthews 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE PRE	HAROLD L MATTHEWS	☒ Change ☐ Addition
NAME	LEWIS, SUSAN K.	1.2 NAME		
STREET ADDRESS	810 2ND STREET	1.3 STREET ADDRESS	1798 HAMMOCK CIR	
CITY-ST-ZIP	NEPTUNE BCH, FL 32266	1.4 CITY-ST-ZIP	JAX FL 32225	
TITLE	S	2.1 TITLE VP	SUSAN LEWIS	☒ Change ☐ Addition
NAME	MATTHEWS, HEATHER L.	2.2 NAME		
STREET ADDRESS	808 2ND STREET	2.3 STREET ADDRESS	1798 HAMMOCK CIR	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	2.4 CITY-ST-ZIP	JAX FL 32225	
TITLE	O	3.1 TITLE TS	HEATHER MATHEWS	☒ Change ☐ Addition
NAME	HAROLD MATTHEWS,	3.2 NAME		
STREET ADDRESS	1006 ASSIT LANE	3.3 STREET ADDRESS	886 8TH AVE	
CITY-ST-ZIP	AB FL 32233	3.4 CITY-ST-ZIP	JAX.BCH. FL 32250	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan K. Lewis 1/23/95 3470889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010701 CP