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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V72227

(4)

universal hair removal system, Inc.

ONIVER	SAL HAIN NEWOVAL 3131	EIVI, JINO:							
Principal Place of Business Mailing Address						4 1661 6 1661 1661 1661 1661 1661 1661	IQU THEN BILLI		01 7 130
4601 W. KENNEDY BLVD. SUITE #107 TAMPA FL 33609		P.O. BOX 1482 ST. PETERSBURG FL 33731-1482 US							
US					3. Date Incorporated or Qualified 10/12/1992 3a. Date of Last Report 02/27/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3159218	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt #, etc.						Additional	
22		27			5. Certificate of Status Desired		Fee Re		
City & State	0	City & State			6. Election Campaign Financing		\$5.00		
Zio Country		Zip Country						Added t	
Zip 24	Country	Zip 29	30	untry		8. This corporation has liability for int Florida Statutes	tangible tax Yes 😿 N	under s.	. 199.032,
24	9. Name and Address of Curre		30]	1		10. Name and Address of New Regi			
SIMPSON, WILLIAM H.					Name				
6045-2 CALAIS BLVD. N				82	Street Ad	dress (P.O. Box Number is Not Acceptable	<u></u>		
ST.	PETERSBURG FL 33714					areas (1.0. Box Hambor 18 Hot Mecoplatio	· · · · · · · · · · · · · · · · · · ·		
				83					
				84	City		FL	5 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was author					e-named co	rnoration submits this statement for the nur		anging it	s ranistared
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	of Florida Such change was a	authorize	ed by	the corpor	ation's board of directors. I hereby accept	the appoint	ment as	registered
	in taitiliai with, and accept the oblig	garions or, Section corrosos, Fil	unua sia	uues					1
SIGNATURE	Signature, typed or printed name of registered ag	ent and the if applicable (NOT	E Rogistore	ed Age	nt signature req	vired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	CD	☐ DELET E	1.1 T	HLE	-		Ш	Change	Addition
NAME	SIMPSON, WILLIAM H.			IAME					
STREET ADDRESS	6045-2 CALAIS BLVD. ST. PETERSBURG FL				ADDRESS				į.
CITY-ST-ZIP	OP	DELETE		CITY - SI	T- 71P			Channa	☐ Addition
TITLE	SIMPSON, MARY R		2.17		}		لسا	Change	☐ Addition
NAME Street address	6045-2 CALAIS BLVD.			AME TREET	*D0001.00				
	ST. PETERSBURG FL		2.3 STREE 2.4 CITY-						
CITY-ST-ZIP TITLE	DV	DELETE	3.1 T		11-217			Change	Addition
NAME	SIMPSON, WILLIAM H.	_	3.2 N				_		_
STREET ADDRESS	6045-2 CALAIS BLVD.				ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-S					
TITLE		DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME					
STREET ADORESS			4.3 S	4.3 STREET ADI					
CITY-ST-ZIP			4.4 0	ITY-SI	I - ZIP				
TITLE		☐ DELETE	5.1 7	TLE				Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 STREET		ADDRESS				
CITY-ST-ZIP			5.4 CITY-S		T- 21P				
TITLE		DELETE	6.1 T	ITLE	1			Change	Addition
NAME		1 6		2 NAME)
STREET ADDRESS			63 S	TREET	ADDRESS				

14. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

chelos

011.281.2/20

FILED

Jun 19 1997 8:00am

Secretary of State