04221999-90097-004-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $500.00

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Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90097 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # L84201

1. Corporation Name
~~BANGZ HAIR AND NAIL STUDIO OF FORT PIERCE, INC.~~
See attached

Principal Place of Business	Mailing Address
100 AVENUE A STE ~~1A~~ 1D FORT PIERCE FL 34950 US	100 AVENUE A STE ~~1A~~ 1D FORT PIERCE FL 34950 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. "D"	27 Suite, Apt. #, etc. "D"
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 06/29/1990
4. FEI Number: 59-3023947 ☐ 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WRUJIL SHARON/EVANS-PILAR~~ ~~8603 BROOKLINE AVE~~ ~~FT PIERCE FL 34957~~	81 Name: John & Chardean Dorst 82 Street Address (P.O. Box Number is Not Acceptable): 8603 Brookline Ave 83 84 City: Ft Pierce FL 85 Zip Code: 34951

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: Chardean Dorst — Signature, typed or printed name of registered agent and title if applicable. — DATE 4-19-99

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☑ DELETE	1.1 TITLE	President ☐ Change ☑ Addition
NAME	WRUJIL, SHARON	1.2 NAME	John D. Dorst
STREET ADDRESS	8603 BROOKLINE AVE	1.3 STREET ADDRESS	8603 Brookline Ave
CITY-ST-ZIP	FT PIERCE FL 34951	1.4 CITY-ST-ZIP	Ft Pierce, Fl 34951
TITLE	STD ☑ DELETE	2.1 TITLE	V.Pres. ☐ Change ☐ Addition
NAME	EVANS, PILAR	2.2 NAME	Chardean A Dorst
STREET ADDRESS	8603 BROOKLINE AVE	2.3 STREET ADDRESS	8603 Brookline Ave
CITY-ST-ZIP	FT PIERCE FL 34951	2.4 CITY-ST-ZIP	Ft Pierce, Fl 34951
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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: Chardean Dorst — Chardean Dorst — 561-464-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-15-99 — Daytime Phone #

CR2E034 (11/98)