

FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000067403 (1)

1. Corporation Name
A-1 BEAUTY MART, INC.



Principal Place of Business Mailing Address
406 EAST BAKER STREET 406 EAST BAKER STREET
PLANT CITY FL 33568 PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1996
4. FEI Number Applied For
59-3394839 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

SHIN, HAENG K
406 EAST BAKER STREET
PLANT CITY FL 33566

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 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	<input type="checkbox"/> DELETE	1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIN, HAENG K		1.2	NAME	
STREET ADDRESS	406 EAST BAKER STREET		1.3	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566		1.4	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2	NAME	
STREET ADDRESS			2.3	STREET ADDRESS	
CITY-ST-ZIP			2.4	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2	NAME	
STREET ADDRESS			3.3	STREET ADDRESS	
CITY-ST-ZIP			3.4	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2	NAME	
STREET ADDRESS			4.3	STREET ADDRESS	
CITY-ST-ZIP			4.4	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2	NAME	
STREET ADDRESS			5.3	STREET ADDRESS	
CITY-ST-ZIP			5.4	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Handwritten Signature]

1/15/98

CR2E034 (10/97)