

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90088 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000098524**

1. Corporation Name
PLANET BEAUTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~1791 BLOUNT ROAD~~
~~SUITE 011~~
~~POMPANO BEACH FL 33069~~

~~POST OFFICE BOX 77118~~
~~CORAL SPRINGS FL 33077-1183~~

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

36-420522

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

6586 HYPOLEXO RD

6586 HYPOLEXO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOYNTON BCH

BOYNTON BCH

City & State

City & State

FLA

FLA

Zip Country

Zip Country

33467

33467

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

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PTD	GOLDBERG, BUD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1791 BLOUNT RD, STE 911			
POMPANO BEACH FL 33069			
VSD	MAISEL, CAROL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1791 BLOUNT RD, STE 911			
POMPANO BEACH FL 33069			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 561-432-4437
 Date Daytime Phone #

CR2E034 (1/198)