

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

FILED

**Jun 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Morthorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 423975 (2)

1. Corporation Name
LO-BEV BEAUTY BAR OF CLEARWATER, INC.



Principal Place of Business 1048 W BUSCH BLVD SUITE 200 TAMPA FL 33612 US	Mailing Address 1048 W BUSCH BLVD SUITE 200 TAMPA FL 33612 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified 04/19/1973	
4. FEI Number 59-1471511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KASS, BEVERLY
1301 ANGLERS LANE
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature type for printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KASS, BEVERLY	
STREET ADDRESS	1301 ANGLERS LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	VPS BOOTH	<input type="checkbox"/> DELETE
NAME	BOOTH, BARBIE	
STREET ADDRESS	10002 ANGEL LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BOOTH, EPPERSON	
STREET ADDRESS	3018 SILVERWOOD DR.	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KASS, IRIS	
STREET ADDRESS	13408 MARLIN LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vickie Epperson	
3.3 STREET ADDRESS	282 Shadyville Dr. Rd. E	
3.4 CITY-ST-ZIP	Augusta, Ga. 30907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____

CR2E034 (10/97)