

**NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

0066975

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

FILED

99 DEC 30 PM 4:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 1999**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 423975**  
 1. Corporation Name  
**LO-BEV BEAUTY BAR OF CLEARWATER, INC.**

Principal Place of Business Mailing Address  
 1046 W BUSCH BLVD SUITE 200 TAMPA FL 33612 US  
 1046 W BUSCH BLVD SUITE 200 TAMPA FL 33612 US

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

3. Date Incorporated or Qualified  
**04/19/1973**  
 4. FEI Number Applied For  
**59-1471511** 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.  Yes  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 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 BEVERLY KASS Beverly Kass 12/28/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<input type="checkbox"/> DELETE
NAME	BOOTH, BARBIE	
STREET ADDRESS	19902 ANGEL LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	EPPERSON, VICKIE	
STREET ADDRESS	232 THREADNEELDE DR RD E	
CITY-ST-ZIP	AUGUSTA GA 30907	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KASS, IRIS	
STREET ADDRESS	13406 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	300003103599--2
1.4 CITY-ST-ZIP	-01/20/00--01011--014 ****750.00 ****750.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: Beverly Kass 10/4/99 813 9324400  
 Signature and typed or printed name of registered agent or director Date Overtime Phone #

CR2E034 (5/99)