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

CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441190

(6)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

28

THE VILLAGE BEAUTY SHOPPE, INC.

Principal Place of Business Mailing Address 6840 GULF OF MEXICO DRIVE 6840 GULF OF MEXICO DRIVE WHITNEY BEACH SEAVIEW CNT LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 US

**FILED** Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1974

FEI Number

59-1500687

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

S   S   S   S   S   S   S   S   S   S	23		201				Trust Fund Cont	ribution: LI	Addea	to Fees
9. Name and Address of Current Registered Agent CHAPIN, SAMUEL D. 6800 BAYOU HAMMOCK RD.  LONGBOAT KEY FL 34228  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address of New Registered Agent  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 agent. and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and among the purpose of changing its registered of the purpose of changing its registered agent. and remains with a statement for the purpose of changing its registered of the purpose of changing its registered agent. In ITIE	Zip	Country	Zip		Country		8. This corporation	owes or has paid the cu	rrent year In	tangible
CHAPIN, SAMUEL D. 6800 BAYOU HAMMOCK RD LONGBOAT KEY FL 34228  81 Sireat Address (P.O. Box Number is Not Acceptable)  82 Sireat Address (P.O. Box Number is Not Acceptable)  83 Sireat Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip Cod	24						Personal Proper	ty Tax due June 30.	Yes [	
STREET ADDRESS OFFICE		9. Name and Address of C	urrent Registered Agen							
LONGBOAT KEY FL 34228    84	Chapin, Samuel D.					Name				
LONGBOAT KEY FL 34228    83	6600 BAYOU HAMMOCK RD.					Street Add	ress (P.O. Box Number	is Not Acceptable)	·	· · · · · · · · ·
Section   Sect	-									
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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, 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 gent, 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 significant and the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered significant and the state of the corporation's board of directors. I hereby accept the appointment as registered pagents.  Intermediate the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or directors. I hereby accept the appointment as registered agent, or directors. I hereby accept the appointment as registered agent, or directors. I hereby accept the appointment as registered agent, or directors. I hereby accept the	LO	NGBOAT KEY FL 34228			83				-	
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Signature   Sign	11. Pursuant i	to the provisions of Sections 607	7.0502 and 607.1508, Flo	rida Statutes, t	he above	-named cor	poration submits this sta	tement for the purpose o	f changing it	s registered
Signature   Sign	agent I a	m familiar with, and accept the	obligations of, Section 60	7.0505, Florida	Statutes	tue corpora	ation's board of directors	. I nereby accept the app	ointment as	registered
Signature, hyped or printed name of required all gord applicable. (NOTE Regimented Apert algorature reculted when reinstating)   DATE	SIGNATURE									
DELETE						nt signature requ				
NAME							ADDITIONS/CHAI	NGES TO OFFICERS AND		,
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	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 certify that I am an	14. I hereby co	ertify that the information supplie	ed with this filing does no	t qualify for the	exempti	on stated in	Section 119.07(3)(i), Flo	rida Statutes. I further ce	rtify that the	information

officer or director of the corporation or the receiver or trustee empowered becaute 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:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable