FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 4:12

DOCUMENT # **520660** **(2)**

1. Corporation Name
BEAUTY BOUTIQUE INC.

Principal Place of Business	Mailing Address
~~7040 GATES CIRCLE~~ ~~SPRING HILL FL 34606-4344~~	1397 KASS CIR SUITE 107 SPRING HILL FL 34606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/21/1976**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21): 1397 KASS CIRCLE
Suite, Apt. #, etc. (22): SUITE 107
City & State (23): SPRING HILL FL
Zip (24): 34606-4351 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **59-1754691** ☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADJAN, LOUIS
~~7040 GATES CIRCLE~~
~~SPRING HILL FL 33606~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1397 KASS CIRCLE
83: SUITE 107
84 City: SPRING HILL FL 85 Zip Code: 346064351

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☒ Change ☐ Addition
NAME	ADJAN, IRENE E	1.2 NAME	
STREET ADDRESS	~~7040 GATES CIRCLE~~	1.3 STREET ADDRESS	10052 TWELVE OAKS CIRCLE
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	WEEKI WACHEE FL 34613
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	ADJAN, LOUIS	2.2 NAME	
STREET ADDRESS	~~7040 GATES CIRCLE~~	2.3 STREET ADDRESS	10052 TWELVE OAKS CIRCLE
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	WEEKI WACHEE FL 34613
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ Louis Adjan ✓ 4/3/95 ✓ 904-687-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0369443 CF