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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

(0)

MADGATE COUDOS DE BEAUTY INC

FILED											
Mar	17	1998	8:00am								
Sec	cret	tary o	f State								

IVIAN	SAIL SUNOUL OF BEAL	JET, ING	•							
Principal Place of Business Mailing Address					<del></del>	- F 1884AN DIAIL DIAND INDOI BLULD HAND BERT DIANT ARATI				
2515 N STATE, RD 7 209 MARROARE F. 33063		2515 N. STATE RD 7 209 MARGARE F. 33063				DO NOT WRITE IN THIS SF	PACE			
US			US				3. Date Incorporated or Qualified 07/27/1977			
2. Principal F	Place of Business	28	. Mailing Address				4. FEI Number	A	pplied For	
21 26					59-1754250	N	ot Applicable			
Suite, Apt. #, etc. 22 27		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required					
City & Sta	de	28	City & State				Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country		Zip	Co	intry	у	8. This corporation owes or has paid the curre	ent year Ini	tangible	
24	25 29 30			30			Personal Property Tax due June 30.  Yes No			
	g. Name and Address of Cu	rrent Regis	tered Agent		<u> </u>		10. Name and Address of New Registered Ag	gent ·		
	BARNETT, STANLEY				B1	1				
6333 NW 53RD ST. CORAL SPRINGS FL 33067				82	Street Addre	ass (P.O. Box Number is Not Acceptable)				
	OOITE OF THINGS I E COOP				63					
					84	City	FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida 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.								is registered registered		
SIGNATURE										
12.	Signature, typed or printed name of registere	AND DIRE		1E: Registere	d Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	DIDECTOR	20 IN 10	
TITLE	P	AND DITE	DELETE	1.1 T	TIF			Change	Addition	
NAME	BARNETT, STANLEY			1.2 N		1	_		, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	6333 NW 53RD STREET			1		ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33067					ST-ZIP				
TITLE	TAIRLING I E GOOD!		DELETE	21 T		51.24		Change	Addition	
NAME				2.2 N	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				1		ST-ZIP				
TITLE			☐ DELETE	3.1 TI				Change	Addition	
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	4.1 TI				Change	Addition	
NAME				4.2 N	IAME	1				

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 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 attaching in with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Change

Change

Addition

Addition