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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 567170 (6)

CAROLYN'S HAIR AFFAIR, INC.

Mailing Address

FILED May 13 1998 8:00am Secretary of State



LAKE WORTH	:NUE FL 33460-3812	LAKE WORTH FL 33460-381	12				
US		US	_		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
		- ₁			03/29/1978		
	ace of Business	2a. Mailing Address	21-1	11 14	4. FEI Number		plied For
	NORTH J'SU	26 11 NORTH		"5t.	59-1816988		t Applicable
Suite, Apt. :	#, etc. SCLITE # 1	Suite, Apt #, etc 27 SUITE	#	/	5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State)	City & State		_ // ~	6. Election Campaign Financing	\$5.00	May Be
23 LA	RE WONTH, FY	28 2 A /ZE	WUI	1711, H	Trust Fund Contribution		to Fees
ZIP	Country	Zip	Countr	У	8. This corporation owes or has paid the		- ·
24 33460		29 33460-3702 3	10 <i>L</i>	<i>US</i>	Personal Property Tax due June 30.		No
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Register	ed Agent	
CAROLYN J. DICKERSON				Name			
4631 MEADOW GREEN TR			8	82 Street Address (P.O. Box Number is Not Acceptable)			
LAK	KE WORTH FL 33463		L				
			83	3			
			84	1 City		85 Zip (Code
				- Only	F	:L " ="	1
office or re agent. I ar	egistered agont, or both, in the State on familiar with, and accept the obligat	f Florida Such change was auf cons of Section 607.0505, Florida	thorized bids Statute	by the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	appointment as	registered
	Signature, typed or proted name of registered agent		Registered Ap	gent signature require	red when reinstating) DATI		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PST	DELETE	1.1 TITLE			Change	Addition
NAME	DICKERSON CAROLYN		1.2 NAME				
STREET ADDRESS	4631 MEADOWGREEN		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-	SI-ZIP			
TITLE		☐ DELETE	2.1 TRILE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 City	-ST-ZIP			
TITLE		DELETE	3.1 THTLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		•	Change	Addition
NAME			4. 2 NAM	E		,	
STREET ADDRESS			4.3 STREE	T ADDRESS	• •		
CITY-ST-ZIP			4.4 CHY-	ST-ZIP			
TITLE		DELETE	5.1 TRILE			Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	61 TITLE			Change	☐ Addition
NAME			6.2 NAME]
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
indicated of the original of t	on this annual report or supplemental.	annual report is true and accur ver or tructee empowered to ex	rate and tl	hat my signatur	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	under oath; tha	atlam an