SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 587751 (9)

1. Corporation Name
PIERRE HAIR AND NAIL SUPPLY, INC.

Principal Place of Business	Mailing Address
5858 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207	5858 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1978

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1850294 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N., ESQ.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TALPALAR, BEN 5858 ST. AUGUSTINE ROAD JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TALPALAR, MARK 5858 ST. AUGUSTINE ROAD JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TALPALAR, ELYSE 5858 ST. AUGUSTINE ROAD JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TALPALAR, SHARON 5858 ST. AUGUSTINE ROAD JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002603885 -07/31/98--01019--049 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☑ Addition 7-30

CR2E034 (5/98)

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 _____

Bernard Jay Shainbrown CPA, PA
Certified Public Accountants
3121 Venture Place, Suite 2
Jacksonville, Florida 32257
(904) 260-0127
Fax (904) 260-9766

(2)

July 27, 1998

Hon. Sandra B. Mortham
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, Fl 32314

Re: 1998 Annual Report
Pierre Hair & Nail Supply, Inc.

Dear Secretary of State Mortham:

Please note, the original letter of the attached copy along with 1998 Annual Report and remittance was inadvertently mailed to your P.O. Box 1500.

As was previously explained, based on the fact that the corporation did not receive the original form, on behalf of the above listed corporation, we respectfully request you accept the enclosed payment of $150.00 as timely.

This Corporation has been existence since 1978 and to the best of our recollection this issue has never occurred before.

Should you have any questions or need any additional information, please contact us.

We apologize for any inconvenience caused you by sending the report to P.O. 1500.

Thank you very much for your cooperation on this matter.

Sincerely yours,

Bernard J. Shainbrown

Bernard Jay Shainbrown CPA, PA
Certified Public Accountants
3121 Venture Place, Suite 2
Jacksonville, Florida 32257
(904) 260-0127
Fax (904) 260-9766

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OFFICE COPY

COPY

July 6, 1998

Hon. Sandra B. Mortham
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: 1998 Annual Report
Pierre Hair & Nail Supply, Inc.

Dear Secretary of State Mortham:

In connection with our telephone conversation of this morning, please note the fact that the above listed corporation did not receive the original form. Based on the above explanation, on behalf of the above listed corporation, we respectfully request you accept the enclosed payment of $150.00 as timely.

Should you have any questions or need any additional information, please contact us.

Thank you very much for your cooperation on this matter.

Sincerely yours,

Bernard J. Shainbrown