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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OP STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 613664

(2)

WALTER'S INTERNATIONAL COIFFURES, INC.

FILED
Jul 02 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address C/O W ROIGER C/O W ROIGER 2284 BAY VILLAGE CT. 2284 BAY VILLAGE CT. DO NOT WRITE IN THIS SPACE PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 3. Date Incorporated or Qualified 03/20/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1871087 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 ROIGER, WALTER 2284 BAY VILLAGE CT. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BCH GARDENS FL 33410 83 Zip Code 84 City 85 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 capent, 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 tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stoneture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ROIGER, WALTER NAME 1.2 NAME 2284 BAY VILLAGE CT. STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL CITY-ST-7IP 1.4 CITY-ST-ZIP DELFTE Change 2.1 TITLE Addition TITLE ROIGER, TRUDY 2.2 NAME 2284 BAY VILLAGE CT. STREET ADDRESS 2.3 STREET ADDRESS PALM BCH GARDENS FL 2. 4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 attachment with an address.

lock 12 or Block 13 if changed, or on an attachment with an address.