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 # 682282

1. Corporation Name

NEW CIPCLE PEAUTY SALON INC.

(9)

NEW CIRCLE BEAUTY SALON, INC.

,,

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



1910 HOLLYV HOLLYWOOD		1910 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 08/13/1980	
2. Principal P	2a. Mailing Address	ling Address			4. FEI Number Applied For			
21		26				59-2030227 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees	
Zip	Country Zip Co				ountry	,	8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30. Liv Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
MARIE, GENE						81 Name		
714 N. 42ND PLACE					82	Street	et Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD HILLS FL 33020						•	,	
			83					
					-	0.,	log Zin Code	
1					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of	f Sections 607.050	02 and 607.1508. Florida Sta	tutes, the	abov	a-name		
office or r	egistered agent, o	r both, in the State	of Florida, Such change wa	as authori	zed by	the ca	led corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
agent, i a	m ramiliar with, an	a accept the oblig	jations or, section 607.0505,	, FIORDA S	latutes	>.		
SIGNATURE	Classes as based as add		ant and title if anoticable //	MOTE: Poelek	vad Aa	not cionalus	ature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.						an signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STP	OFFICENS AIN	DELETE DELETE		TITLE		Change Addition	
1 !	MARIE, GEN	F			NAME			
NAME	1714 N 42N					4000000	···	
STREET ADDRESS	HOLLYWOO					ADDRESS	35	
CITY-ST-ZIP	D	O THECO I C	DELETE		CITY-S	T-ZIP	Change L Addition	
TITLE	MARIE, GEN	=			TITLE		John State Control of the Control of	
NAME	1714 N 42N				NAME		:6"-	
STREET ADDRESS	HOLLYWOO			i i		ADDRESS		
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NAME					NAME			
STREET ADDRESS						ADDRESS	55	
CITY-ST-ZIP			neve		CITY-	ST-ZIP	Change Ladding	
TITLE			DELETE		TITLE		L Change L Addition	
NAME				4, 1	2 NAME			
STREET ADDRESS				4.3	STREET	ADORESS		
CITY-ST-ZIP			·	_	CITY-S	T-ZIP		
TITLE			DELETE	5.1	TITLE		Change Addition	
NAME				5.2	NAME			
STREET ADDRESS				5.3	STREET	ADDRESS	SS S	
CITY-ST-ZIP				5.4	CITY-S	IT-ZIP		
TITLE			DELETE		TITLE		Change Addition	
NAME				6.2	NAME			
STREET ADDRESS						ADDRESS	ss	
CITY-ST-ZIP					CITY-S			
14 I hereby c	pertify that the info	mation supplied w	with this filing does not qualif				tated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

4. 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:

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