1. Entity Nam	DOCUMENT # F9400000739  I. Entity Name  BEAUTY OF NORTH FLORIDA, INC.  Principal Place of Business  Mailing Address					Jun 07, 3 Secreta	ary (	0 8:0 of S	tate	
Principal Plac	e of Business	Mailing Address .	g Address .			06-07-2000	704 <b>3</b> 4 U	15 ***1	50.00	
10500 SAN JO		8100 EAST 22ND NORTH								
JACKSONVILLE	FL 32257	BLDG. 200 Wichita KS 67226-2302			1					
US						# APPORTOR THE THE TOTAL PROPERTY AND A STATE OF THE TOTAL PROPERTY AND A	NI BRAN BRANT	FOJÍ JERRA HI		
	Place of Business	3. Mailing Address								
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP			
City & State		City & State			4. 1	FEI Number 48-1146096		No	plied For t Applicable	
Zip	Country	Zip . Country		try _	5. (	Certificate of Status Desired		<b>8.75</b> Add se Require		
	6. Name and Address of Current F	legistered Agent			7. 1	Name and Address of New Rec	latered Ag	ent		
C.T. CORPORATION, SYSTEM				Name						
1200	SOUTH PINE ISLAND ROAD	- مستسلومانید ما بو ب		Street Address (P.O. Box Number is Not Acceptable)						
PLAI	NTATION FL 33324									
<u> </u>				City			FL	Zip Cod	9	
8. The above	named entity submits this statement for	the purpose of changing its i	registere	ed office or regist	ered ag	ent, or both, in the State of Florid	da.	<u> </u>		
}										
SIGNATURE	Signature, typed or prirated name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signature requi	ed when re	enstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    See Criteria on back   Check Payable to I			00 Fee	will be \$550.00		10. Election Campaign Finar Trust Fund Contribution.	icing		May Be	
11.	OFFICERS AND D		12.	shartment of o		DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE	PD	☐ Delate	TITLE					] Change	☐ Addition	
NAME STREET ADDRESS	Shelton, Jack L   8100 e. 22nd North, Bldg. 201	0	NAME	et address ,						
CITY-ST-ZIP	WICHITA KS		CITY	-ST-ZIP						
TITLE NAME	VD   Shelton, Greg L	☐ Delete	TITLE				[	] Change	☐ Addition	
STREET ADDRESS	8100 E. 22ND NORTH, BLDG. 201	0	STREE	ET ADDRESS						
CITY-ST-ZIP	STD		CITY-	-ST-ZIP				Change	☐ Add fion	
TITLE NAME	O'CONNOR, DOUGLAS C	Delete	NAME	1			·	Citalige	Accison	
STREET ADDRESS CITY-ST-ZIP	_8100 E. 22ND NORTH, BLDG. 200 WICHITA KS	0 _		ET ADDRESS -ST-ZIP			•		,	
TITLE	ש אווויטווי	☐ Delete	TITLE			•	. [	Change	Addition	
NAME STREET ADDRESS			NAME STREET	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	l l			[	Change	Addition	
NAME STREET ADDRESS		•	NAME STREE	ET ADORESS						
CITY-ST-ZIP			CITY-	-ST-21P			=			
title Name		Oelete	TITLE	1			(	] Change	Addition	
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP	portification that the information as a limit of the	this filing does not smallf. for		TOTAL STATE OF THE	Santian :	110 07/3\()\ Florido Statutos 14	other carll	that the	formation	
indicated indicated of the cor changed.	certify that the information supplied with to this report or supplemental report is to poration or the receiver of trustee empored or on an attachment with an address of the control of t	uns ming does not quality for true and accurate and that m wered to execute this report a ith all other like empswered.	ine exer ly signati as requir	inplion stated in Sure shall have the ed by Chapter 60	section is same l D7, Florid	ins.o/(3)(i), Fibrida Statules. I'it legal effect as if made under oal da Statules; and that my name a	h; that I am ppears in E	an officer slock 11 or	or director Block 12 if	
SIGNAT	URE: Mouglas	ENTED NAME OF SIGNING OFFICER O	7			4/11/00		316	6852	
			y				- Says			