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

FILED FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)G46679 ABACUS HAIR DESIGN, INC. Principal Place of Business Mailing Address **% MARGARET GEORGE** % MARGARET GEORGE 1513 SE 47TH TERRACE 1513 SE 47TH TERRACE DO NOT WRITE IN THIS SPACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated or Qualified 06/27/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2296997 Not Applicable Suite, Apt. #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEORGE, MARGARET 1513 SE 47TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 City Zip Code 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 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE Change Addition NAME MARGARET, GEORGE 1,2 NAME 1513 SE 47TH TERR STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change TITLE Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4,1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

98 941549 3312 **X**RED

(10/97

CR2E034

Change

Addition