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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85877

(9)

TREASURE COAST ACADEMY OF HAIR, INC.

FILED Mar 13 1998 8:00am Secretary of State

Principal Place	Mailing Address	g Address SW Mirror Lake Cove							
1163 SW MIRROR LAKE COVE 1163 SW MIRROR LAKE C PORT ST. LUCIE FL 34986 PORT ST. LUCIE FL 34986									
						DO NOT WRITE IN THIS	SPACE		_
						3. Date Incorporated or Qualified 11/19/1985			١
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	TA	Applied For	┨
21		26				59-2625704		ot Applicable	1
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Regulred]
City & State		City & State				6. Election Campaign Financing		May Be	┨
23		28				Trust Fund Contribution		I to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible				
24	25	29	30					No No	-
ODI	Name and Address of Current EEN, DENNIS	r undisteran wäsur		81	Name	10. Name and Address of New Registered	Manr		1
	3 SW MIRROR LAKE COVE								1
-	RT ST. LUCIE FL 34986			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
				83					1
			ļ.	84	City		85 Zip	Code	┨
44 6	40 10 007 000				•	FL	. ' '		1
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was a	es, the ab authorized	iove I by	-named corpora	poration submits this statement for the purpose or tion's board of directors. I hereby accept the app	t changing pointment a:	its registered s registered	1
	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statu	ıtes.					l
SIGNATURE	Signature, typed or printed hanie of registered agen	and title if applicable (NOT	E Registered	Agen	il signature requ	ired when reinstating) DATE			۱,
12.	OFFICERS AND	DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12][
TITLE	PT SEALURE	☐ DELETE	DELETE 1.1 TI				Change	Addition	1
NAME	4400 MIDDOD LAVE COME		•	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					15
STREET ADDRESS	1163 MIRROR LAKE COVE PT ST LUCIE FL								ļ
CITY-ST-ZIP							Change	☐ Addition	١è
TITLE NAME	GREEN, ANITA 1163 MIRROR LAKE COVE 23		- 1	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			Change	L AUUIIIII	1
STREET ADDRESS									ı
CITY-ST-ZIP						,			
TITLE				3.1 TITLE			Change	Addition	1
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STR	REET A	ADDRESS				
CITY-ST-ZIP			3.4. CfT	Y-\$T	-ZIP]
TITLE		DELETE	4.1 TITL	LE			☐ Change	☐ Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET A	DORESS				ĺ
CITY-ST-ZIP		The server	4.4 CIT		- ZIP				1
TITLE		☐ DELETE	5.1 TITL		J		☐ Change	☐ Addition	
NAME			5.2 NAN						
STREET ADDRESS			1		(DDRESS				
CITY-ST-ZIP		DELETE	5.4 CiT		-ZIP		Charre	Addition	1
TITLE		L.J DELETE	6.1 TITL		İ		☐ Change	☐ Addition	
NAME ethert roopees			6.2 NAN		DDBccc				
STREET ADDRESS					IDDRESS				}
CITY-ST-ZIP	artifu that the information supplied wit	h this filing does not qualify fo	6.4 CITY			Castion 110 07/2Vi) Florido Statutos I furbos as	etifu that th	a information	1

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:

dut B Then

3-9-98 56-8715988