## 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 #

(8)

EXPRESSIONS IN HAIR, INC.

Principal Place of Business	Mailing Address	
843\$ 4TH ST N ST. PETERSBURG FL 33702 US	8435 4TH ST N ST. PETERSBURG FL 33702 US	

**FILED** May 06 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				<u> </u>	(1)
8435 4TH ST N         8435 4TH ST N           8T. PETERSBURG FL 33702         ST. PETERSBURG FL 33702           US         US			3702		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/28/1986		
2. Principal P	lace of Business	2a. Mailing Address	- '		4. FEI Number	Applied	For
21 5	AME	26 Samt	<u> </u>		59-3082523	Not App	licable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May E	Ве
23		28		<del></del>	Trust Fund Contribution	Added to Fee	
Zip	V 01140e	Country Zip Country			8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Current	29 Pagistared Agent	30		Personal Property Tax due June  10. Name and Address of New Re		
		Hagistelen Agent	81	Name	10. Name and Address of New Re	Alstelen Whelit	
	GGS, CYNDA				SAMP.		
	72 69TH AVE NORTH		82	Street Addr	ess (P.Ŏ. Bbx Number is Not Accepta	ole)	
HIL	IELLAS PARK FL 34665		83				
			84	City		FL 85 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and accept the obligation of the state of registers if the state of registers is the state of registers in the state of registers	of Florida. Such change was tions of, Section 607.0505, F Un DA	authorized by lorida Statute: A	/ the corporat s.	oration submits this statement for the jon's board of directors. I hereby acce	ourpose of changing its regist the appointment as regist	stered ered
12.	OFFICERS AND		13.	and grande hequir	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 1	12
TITLE	P	DELETE	1.1 TITLE				Addition
NAME	<b>B</b> IGGS, CYNDA		1.2 NAME				
STREET ADDRESS	6672 69TH AVE N		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY - S	T - ZIP			_
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ /	Addition
NAME	<b>BIG</b> GS, RICHARD		2.2 NAME				
STREET ADDRESS	<b>6</b> 672 69TH AVE N		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL			ST-ZIP			
TITLE	5	☐ DELETE	3.1 THTLE			☐ Change ☐ /	Addition
NAME	BIGGS, RICHARD		3.2 NAME				1
STREET ADDRESS	5000 33RD AVE NORTH		3.3 STREET	1			
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	3.4. CITY - 1	S1-ZIP		Change	Addition
TITLE NAME	BIGGS, CYNDA	L-J DELEGE	4.1 TITLE 4. 2 NAME			∐. Change	Addition
	<b>6</b> 872 69TH AVE NORTH			ADDDECC			
STREET ADDRESS CITY-ST-ZIP	PINELLAS PARK FL		4 3 STREET 4 4 City - S				
TITLE	THEEDIOTAINTE	DELETE 5		1-11		Change	Addition
NAME		<del></del>	5.2 NAME				•
STREET ADDRESS			5.3 STREET	ADDRESS			ſ
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE			☐ Change ☐ A	Addition
NAME			6.2 NAME				ŀ
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	T-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.