FILE NOW: FIL	ING FEE AFTER	R MAY 1ST IS \$550.00
PROFIT		ELOPIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1998

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J89773

(2)

CHELSEA HAIR STUDIO, INC.

Principal Place of Business

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



2. Principal Place of Business 2. A Mailing Address 4. FEI Number		31A E. PALMETTO PARK RD BOCA RATON FL 33432-4816		131A E. PALMETTO PARK RD BOCA RATON FL 33432-4816		DO NOT WRIT	E IN THIS SP	ACE			
2. Maining Address 2. Maining Address 4. FET Number A FET Nu							Date Incorporated or Qualified		-		
SUIR, API, F, etc. Suile, API, F, etc. Suile, API, API, API, API, API, API, API, API							08/27/1987				
SUILA Apt #, ofc. Sulta Apt #, ofc. Sulta	2. Principal Place of Business		2a. Mailing A	2a. Mailing Address				Applied For			
City & State Ci	21		26	26		65:0032738		N	ot Applicable		
City & State 23			Suite, Ap	Suite, Apt. #, etc.		5 Certificate of Status Desired Status Resired 5					
23 29 29 29 30 29 30 29 30 29 30 30 40 30 30 30 30 30						3. Certificate of Ctatos Desired		Fee R	equired		
Zip Country Zip Country 8. This comporation owes or has paid the current year intemptible Personal Property Tax cuts Just 20 M 5 Normal and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 131 A E. PALMETTO PARK RD 80 80 80 80 80 80 80 8	— '		City & Sta	City & State		6. Election Campaign Financing		\$5.00	May Be		
Solid Soli							Trust Fund Contribution				
P. Name and Address of Qurrent Registered Agent NEVIN, PATRICIA J. 131 A E. PALMETTO PARK RD BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent. I am l'armiliar with, and accept his obligations of, Section 807.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am l'armiliar with, and accept his obligations of, Section 807.0505, Florida Statutes. Statutes SIGNATURE S			Zip	Zip Country			8. This corporation owes or has p	aid the curre	nt year In	tangible	
NEVIN, PATRICIA J. 131 A E. PALMETTO PARK RD BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the opporation 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 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 spent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered spent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and the section of the obligations obligations obligations of the obligations of the obligations of t	24				30						
NEVIN, PATRICIA J. 131 A E. PALMETTIO PARK RD BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		9. Name and Address of Ci	urrent Registered Age	nt			10. Name and Address of New R	10, Name and Address of New Registered Agent			
BOCA RATON FL 33431 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harned corporation aubmits this statement for the purpose of changing its 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, an animaliar with, and accept the obligations of, Section 607.0502, florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and ties if applicable. Deleter 11. In Title Deleter 11. In Title Deleter 11. In Title Deleter 11. In Control 12. In Control 12. In Control 12. In Control 12. In Control 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In Control 13. In C					81	Name					
BOCA RATON FL 33431 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its 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, an armillar with, and accept the obligations of, Section 607.0509, floridad Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I THE Change Addition NAME NAME 1. STREET ADDRESS 1. STREET ADDRESS 1. STREET ADDRESS 2. ACITY-ST-ZP TITLE DELETE 1. STREET ADDRESS 2. ACITY-ST-ZP TITLE DELETE 3. STREET ADDRESS 3. STREET ADDRESS 5. STR	131	A E. PALMETTO PARK RD			82	Street Ad	dress (P.O. Box Number is Not Accepta	hle)			
### City FL 88 Zip Code 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, and accept the obligations of, Section 607.0502, Proficed Statutes. SIGNATURE	BO	CA RATON FL 33431									
11. Pursuant to the provisions of Sections 807.0502 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Yipod or printed name of implemed agent and tile if applicable. DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 13. STREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 32 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 33. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 34. CITY-ST-ZIP TITLE DELETE 34. CITY-ST-ZIP TITLE DELETE 35. TITLE DELETE 34. CITY-ST-ZIP TITLE DELETE 35. TITLE DELETE 36. CITY-ST-ZIP TITLE DELETE 36. CITY-ST-ZIP TITLE DELETE 37. TITLE DELETE 38. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 38. STREET ADDRESS CITY-ST-ZIP Addition Addition AMME STREET ADDRESS CITY-ST-ZIP DELETE 35. TITLE DELETE 35. TITLE DELETE Addition Addition AMME STREET ADDRESS CITY-ST-ZIP DELETE 35. TITLE DELETE Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP Addition AMME STREET ADDRESS CITY-ST-ZIP Addition AMME STREET ADDRESS CITY-ST-ZIP Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP Addition Addi					83						
11. Pursuant to the provisions of Sections 607.0502 and 607.150R, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.050S, Florida Statutes. SIGNATURE					84	City		EI	85 Zip	Code	
SIGNATURE	11. Pursuant	o the provisions of Sections 607	.0502 and 607,1508, F	lorida Statute	s, the above	-named co	progration submits this statement for the	nurnose of c	handing i	ts registered	
Signature, hyped or present among degreemed upon and site if applicability. Oxford Registered Applications Applications Applications (PFICERS AND DIRECTORS) 13.	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE	Signature, typed or printed name of registers	ad agent and title if applicable.	(NOTE:	: Registered Ace	ent sionature red	uired when reinstating)	DATE			
DELETE				:	-	arginataro roq			IRECTO	3S IN 12	
NAME	TITLE	D		DELETE	1.1 TITLE						
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.3 STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS CITY-ST-ZIP TULE STREET ADDRESS CITY-ST-ZIP TULE STREET ADDRESS CITY-ST-ZIP TULE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	NAME	NEVIN. PATRICIA .I			1.2 NAME			_			
CITY_ST_ZIP BOCA RATON FL	STREET ADORESS	•	R		1 3 STREET	ADDRESS					
TITLE	CITY-ST-7IP									-	
MAME		BOOKINGINIE		DELETE		1-217			Change	Addition	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ŀ				4			_	_ 01.011g0		
City - St - ZiP						ADDRESS					
TITLE						- 1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE A4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information				DELETE	-	51 - 212			Changa	Addition	
STREET ADDRESS	1			DELETE				<u> </u>] Change	II ADURION	
STREET ADDRESS STRE	1										
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 5.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.2 CITY-ST-ZIP TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP 14.1 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	1										
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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			 -	DELETE		IT-ZIP			1		
STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 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	1		L	DEFETE				L	J Change	☐ Addition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 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	- 1				1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 0.4 CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information					4.3 STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information					-	I-ZIP					
STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information			Ц	DELETÉ	5.1 TITLE	f			J Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	NAME				5.2 NAME					ĺ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	STREET ADDRESS				5.3 STREET	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information		· /// · · · · · · · · · · · · · · ·		· · · · ·	5.4 CITY-ST	r- ZIP					
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	TITLE			DELETE	6.1 TITLE				Change	Addition	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	NAME				6.2 NAME						
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	STREET ADDRESS				6.3 STREET	ADDRESS					
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information											
	14. I hereby ce	ertify that the information supplies	d with this filing does n	ot qualify for	the exempt	ion stated in	n Section 119.07(3)(i), Florida Statutes. I	further certif	that the	Information	

ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in