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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89773

1. Corporation Name
CHELSEA HAIR STUDIO, INC.

Principal Place of Business
131A E. PALMETTO PARK RD
BOCA RATON FL 33432-4816

Mailing Address
131A E. PALMETTO PARK RD
BOCA RATON FL 33432-4816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1987

4. FEI Number
65-0032738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 450 E. Palmetto Park Rd
22 Suite, Apt. #, etc. Boca Raton, Fl.
23 City & State 33432 U.S.A.
24 Zip 25 Country

2a. Mailing Address
27 17744 Pine Needle Terr.
28 Suite, Apt. #, etc. Boca Raton, Fl.
29 City & State 33487 U.S.A.
30 Zip 31 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEVIN, PATRICIA J. - change of name
131 A E. PALMETTO PARK RD
BOCA RATON FL 33431
due to MARRIAGE
(CERT. ENCLOSED)

81 Name PATRICIA J. HOLSON
82 Street Address (P.O. Box Number is Not Acceptable) 17744 Pine Needle Terr.
83 Boca Raton, Fl.
84 City FL 85 Zip Code 33487

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Patricia J. Holson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D HOLSON
NAME NEVIN, PATRICIA J.
STREET ADDRESS 17744 PINE NEEDLE TERR.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME HOLSON, PATRICIA
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: Patricia J. Holson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99 5613920698
Date Daytime Phone #

CR2E034 (11/98)