## 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 # K60645

(4)

THE HAIR STUDIO PLAZA, INC.

**FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 1001011 Art 21111 Abile Alitt 21141 A		
3036-D TAMIAMI TRAIL PT. CHARLOTTE FL 33952 US		3036-D TAMIAMI TRAIL PT. CHARLOTTE FL 33952 US		DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualified 01/25/1989		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0123371		Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27			<u></u>		5. Certificate of Status Desired		5 Additional Required
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			_	Country 8. This corporation owes or has pair		, , , , , , , , , , , , , , , , , , ,	
24	25     29     30		<u> </u>		Personal Property Tax due June 30. Yes X No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Ho	egistered Agent	
	rsel, C. Guy		81	Name			
1861 PLACIDA ROAD SUITE 104			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
	GLEWOOD FL 34223		83	3			
			84	City		85 4	Zip Code
i			64	City		FL   ° °   1	IIP COME
11. Pursuant 1 office or re agent. I a	to the provisions of Sections 607.050; agistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida Such change was au alions of, Section 607.0506, Flori	, the abov Inorized b da Statute	re-named cor by the corpora es	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changir pt the appointment	ig its registered as registered
SIGNATURE							
	Signature, typed or printed name of registered age OFFICERS AND		Hogistered Ap	deut ei8ustnie tedn	ired where reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	TORS IN 12
12.	DP OFFICENS AND	DELETE 1.1.T					
NAME					CARPENTER	VWONNE	
STREET ADDRESS				T ADDRESS	_	,	];
i .	AT ALLEN ATTE EL		1.4 CITY -				
CITY-ST-ZIP TITLE	T	DELETE 2.1T		31-21		Chan	ge Addition
NAME	CARPENTER, PHIL						•
STREET ADDRESS	20438 ELROSE AVE			T ADDRESS			1
1 I	AT ALLED ATTE OF		2.4 CITY				1
CITY-ST-ZIP TITLE			3.1 TITLE	-51-ZIF		Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS	21261 PEMBERTON AVE.		1	T ADDRESS			
CITY-ST-ZIP	PT. CHARLOTTE FL		3.4. CITY -				
TITLE	V	DELETE	4.1 TITLE	51 2"		Chan	ge Addition
NAME	PAECKETT, CARMEN		4. 2 NAME	:			
STREET ADDRESS	21261 PEMBERTON AVE.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	PT. CHARLOTTE FL		4,4 CITY-				
TITLE	71.0	DELETE	5.1 TITLE			Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chan	ige Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
3111 31-211			0	<del></del>	***		

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.