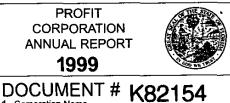
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

PRESTIGE HAIR DESIGN, INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Secretary of State

Katherine Harris

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 003 ***150.00



Principal Place of Business Mailing Address 8533 U S 19 8533 U S 19 SUITE 5 SUITE 5 DO NOT WRITE IN THIS SPACE PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Date Incorporated or Qualifed 04/20/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2952258 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees _Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zip Zip □No ☐ Yes 30 Personal Property Tax. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RISOLDI, KATHLEEN M 82 Street Address (P.O. Box Number is Not Acceptable) 2853 SUMMERVALE DR HOLIDAY FL 34691 83 Zip Code 85 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE RISOLDI, KATHLEEN M 1.2 NAME NAME 2835 SUMMERVALE DR STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL 34691 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE RISOLDI. RALPH M 2.2 NAME NAME 2835 SUMMERVALE DR 2.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34691 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE Change TITLE DST RISOLDI,-MICHELE M 3.2 NAME NAME 2835 SUMMERVALE DR 3.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34691 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4 ! TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 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 chance all other like empowered.

6.4 CITY-ST-ZIP

CR2E034 (11/98)