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 # L11491

(2)

CAPE CORAL BEAUTY SCHOOL, INC.

12

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1214 SE 47TH ST 1214 SE 47TH ST CAPE CORAL FL 33904-9328 CAPE CORAL FL 33904-9328									
GAPE COHAL FL 33904-3328		CAPE CORAL FL 33904-9328			DO NOT WRITE IN THIS SPACE				
						3, Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address				08/24/1989 4. FEI Number			pplied For
26						65-0129160		1	lot Applicable
Suite, Apt.	# _c etc.	Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	K	\$8.75 Add Fee Requi		
City & State City & State						6. Election Campaign Financing			May Be
Zip	Country		Zip Country			Trust Fund Contribution			
24	25		30			B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	g. Name and Address of Curre					10. Name and Address of New R		I Agent	
ВО	RCHARDT, BETTY		8	1 Na	me				
	14 S.E. 47TH STREET		8	2 Str	eet Addr	ess (P.O. Box Number is Not Accepte	able)		
CA	PE CORAL FL 33904		8	2 -					
			8	4 Cit	У		Fl	85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute o of Florida. Such change was a gations of, Section 607.0506, Flo	es, the about thorized brida Statut	ve-nar by the	ned corp corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose ept the ap	of changing a pointment as	ts registered s registered
SIGNATURE	Signature, typed or printed name of registered ag	TOWN	- Bagistarad A	nool sign	eture recuir	od when roinstating)	DATE		
12.		ID DIRECTORS	13.	gunt sigr	attre require	ADDITIONS/CHANGES TO OFF		ID DIRECTO	BS IN 12
TITLE	DPS	DELETE	1.1 TITLE	-				Change	Addition
NAME	BORCHARDT, BETTY	1.2			j				
STREET ADDRESS	1214 S.E. 47TH STREET		1.3 STRE	ET ADDR	iss				
CITY-ST-ZIP	CAPE CORAL FL	DETETE	1.4 CITY					Change	Addition
TITLE NAME	BORCHARDT, BETTY		2.1 TITLE 2.2 NAME					L Change	☐ AUGILION
STREET ADDRESS	1214 S.E. 47TH STREET	2.33		: El addrí	224				
CITY-ST-ZIP	CAPE CORAL FL			- S1 - ZIP					
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME		1				
STREET ADDRESS			3.3 STREE	et addri	iss				
CITY-ST-ZIP		Drive	3.4. CITY						Addition
TITLE		☐ DELETE	4.1 TITLE	•	ļ	a moono a c	·	Change	L ADDITION
NAME STREET ADDRESS			4. 2 NAM 4.3 STREE		199	40000240 -01/21/98010	130 080	1944 18	
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		***150.00	J. U	10	
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5 2 NAME			40000240	158 1	04	
STREET ADDRESS			5.3 STREE	5.3 STREET ADDRESS		-01/21/9801008017			
CITY-ST-ZIP		The same	5.4 CITY			***8.75			— 7.35
TITLE		DELETE	6.1 1111.6					Change	Addition
NAME			6.2 NAME						(AV
STREET ADDRESS			6.3 STREE	\pm ADDRE	.55				1.~^

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE () and of

CITY+ST-ZIP

1/8/98-941-549.1819