

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21085

(0)

1. Corporation Name  
EXCELLENCE IN BEAUTY, INC.



Principal Place of Business

% MICHAEL L. HALMON  
9281 N 56TH ST  
TAMPA FL 33617

Mailing Address

% MICHAEL L. HALMON  
9281 N 56TH ST  
TAMPA FL 33617-5501

3. Date Incorporated or Qualified  
10/04/1989

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 4893-B W. Waters Ave

2a. Mailing Address

26 4893-B W. Waters Ave

4. FEI Number  
59-2975082

Applied For  
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Tampa Florida

City & State

28 Tampa Florida

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33634

Country

Zip

29 33634

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HALMON, MICHAEL L.  
9281 N 56TH ST  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

4893-B W. Waters Avenue

83

84 City

Tampa

FL

85 Zip Code

33634

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	HILTON, EDGER A.	
STREET ADDRESS	18740 FURMAN DRIVE	
CITY - ST - ZIP	SPRINGHILL FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TROTMAN, CHARLES V.	
STREET ADDRESS	9305 LONGSTONE CT	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TROTMAN, CHARLENE E.	
STREET ADDRESS	9305 LONGSTONE COURT	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALMON, ESTHER A. ,	
STREET ADDRESS	8828 HAMPDEN DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL L. HALMON	
1.3 STREET ADDRESS	8828 HAMPDEN DR	
1.4 CITY - ST - ZIP	TAMPA FL 33626	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TROTMAN, CHARLENE E	
3.3 STREET ADDRESS	7621 COLONIAL COURT	
3.4 CITY - ST - ZIP	TAMPA FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

813-243-8639

Daytime Phone #

0062888

CR2E034 (9/96)