

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84201** (7)  
1. Corporation Name  
**BANGZ HAIR AND NAIL STUDIO OF FORT PIERCE, INC.**

Principal Place of Business <b>100 AVENUE A SUITE X FORT PIERCE FL 34950</b>	Mailing Address <b>100 AVENUE A SUITE X FORT PIERCE FL 34950</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Suite 1A</b> 22 City & State <b>Fort Pierce</b> 23 Zip <b>34950</b>		2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 1A</b> 27 City & State <b>Fort Pierce</b> 28 Zip <b>34950</b>		3. Date Incorporated or Qualified <b>06/29/1990</b>	
24		29		4. FEI Number <b>59-3023947</b> Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WRIJIL SHARON/EVANS PILAR 100 AVE A, SUITE E FORT PIERCE FL 34950</b>		10. Name and Address of New Registered Agent 81. Name <b>John + Chardean Dorst</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>6603 Brookline Ave</b> 83. City <b>Fort Pierce</b> 84. State <b>FL</b> 85. Zip Code <b>34951</b>	
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11. Pursuant to the provisions of Sections 607.05 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: *Chardean Dorst* DATE: **4-28-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WRIJIL, SHARON</b>		1.2 NAME <b>John D. Dorst +</b>	
STREET ADDRESS <b>538 BROOKSIDE TERRACE</b>		1.3 STREET ADDRESS <b>6603 Brookline Ave</b>	
CITY-ST-ZIP <b>PORT ST LUCIE FL</b>		1.4 CITY-ST-ZIP <b>Fort Pierce FL 34951</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V. President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EVANS, PILAR</b>		2.2 NAME <b>Chardean Dorst</b>	
STREET ADDRESS <b>2324 SW ALTARA ST.</b>		2.3 STREET ADDRESS <b>6603 Brookline Ave</b>	
CITY-ST-ZIP <b>PORT ST LUCIE FL</b>		2.4 CITY-ST-ZIP <b>Fort Pierce, FL 34951</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Chardean Dorst* DATE: **4-16-98** **561-464-5111**

CR2E034 (10/97)