04221999-90097-004-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $500.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90097 004 ***150.00

DOCUMENT # L84201

1. Corporation Name
~~BANGZ HAIR AND NAIL STUDIO OF FORT PIERCE, INC.~~
see attached

Principal Place of Business
100 AVENUE A
STE ~~A~~ D
FORT PIERCE FL 34950
US

Mailing Address
100 AVENUE A
STE ~~A~~ D
FORT PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/29/1990

4. FEI Number
59-3023947
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc. "D"
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. "D"
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WRIJIL SHARON/EVANS PILAR
8603 BROOKLINE AVE
FT PIERCE FL 34957

10. Name and Address of New Registered Agent
81 Name John & Chardean Dorst
82 Street Address (P.O. Box Number is Not Acceptable) 8603 Brookline Ave
83
84 City Ft Pierce FL 85 Zip Code 34951

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 Chardean Dorst 4-19-99
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	PD	☐ DELETE
NAME	WRIJIL, SHARON	
STREET ADDRESS	8603 BROOKLINE AVE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	STD	☐ DELETE
NAME	EVANS, PILAR	
STREET ADDRESS	8603 BROOKLINE AVE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☑ Addition
1.2 NAME	John D. Dorst	
1.3 STREET ADDRESS	8603 Brookline Ave	
1.4 CITY-ST-ZIP	Ft Pierce, Fl 34951	
2.1 TITLE	V.Pres.	☐ Change ☐ Addition
2.2 NAME	Chardean A Dorst	
2.3 STREET ADDRESS	8603 Brookline Ave	
2.4 CITY-ST-ZIP	Ft Pierce, Fl 34951	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Chardean Dorst Chardean Dorst 561-464-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-15-99 Daytime Phone #