


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

04-19-1999 90003 026 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # L93174**

1. Corporation Name

**J & C'S FAMILY SALON, INC.**

Principal Place of Business

604 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983

Mailing Address

604 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>07/24/1990   |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0225548   | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees   |                               |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

9. Name and Address of Current Registered Agent

JONES, CHARICE A

2142 SW CADIZ AVE P.O. Box 12513

PORT ST LUCIE FL 34952 Ft Pierce FL 34979-2513

81 Name

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

604 SW Bayshore Blvd

83

84 City

Port St Lucie FL

85

Zip Code 34983

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 *Charice A. Jones*

(NOTE: Registered Agent signature required when reinstating)

4/13/99

|                            |                                    |   |  |
|----------------------------|------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JONES, CHARICE A                   | 1.2 NAME  |  |
| STREET ADDRESS             | 2142 SW CADIZ AVE                  | 1.3 STREET ADDRESS                                    | P.O. Box 12513   |
| CITY-ST-ZIP                | PORT ST LUCIE FL 34952             | 1.4 CITY-ST-ZIP                                       | Ft Pierce FL 34979-2513  |
| TITLE                      | <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 2.2 NAME  |  |
| STREET ADDRESS             |                                    | 2.3 STREET ADDRESS                                    | 604 SW Bayshore Blvd   |
| CITY-ST-ZIP                |                                    | 2.4 CITY-ST-ZIP                                       | Port St Lucie FL 34983   |
| 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, with all other like empowered.

SIGNATURE:

*Charice A. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 561 340 4933

Daytime Phone

CR2E034 (1/798)