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 # M67828
1. Corporation Name
BERNARD'S BEAUTY SUPPLY, INC.

(7)

FILED Apr 13 1998 8:00am Secretary of State



1432 EDGEWOOD AVENUE ACKSONMILE FL 32208	Principal Place of Business Mailing Address									ı aramanın kiş ökilik ibbön kölük kibbi	IDAL BIDIK DIDA	DIBIN FIRM 1	DENTA DISER EN CI
ACKSONVILE FL 32208 JACKSONVILE FL 32208 J	1432 EDGEV	NOOD AVENU	1432	-									
2. Principal Place of Business	JACKSONVII	LLE FL 32209							i				
2. Principal Place of Business 2. Mailing Address 4. FET Number Applied For 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 2. Principal Place of Business 2. Mailing Address 5. Certificate of Status Desired \$8.75 Additional 2. Corp. & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 2. Added to Fees 7. Suite 7.											E IN THIS S	PACE	
Sulto, Apt. #, etc. Sulto, Ap													
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$5.75 Additional Fee Required City & State		ailing Address					4. FEI Number		1 7	Applied For			
27 City & State	21									59-2853456		1	Not Applicable
City & State 23		#, etc.		Su	 					5 Certificate of Status Desired	П		
Zip	22									The continues of Glades pooling		Fee F	Required
Zip	City & Stat	te		⊢	├ ─ '					, o , o , o , o , o , o , o , o , o , o			
28 28 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name	710	-	Country			1				Trust Fund Contribution	. 니	Added	to Fees
9. Name and Address of Current Registered Agent WILLANS, BERNARD 1432 EDGEWOOD AVENUE WEST JACKSONVILE FL 32208 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 64 City FL 85 Zip Code 65 Zip Code 67 City FL 85 Zip Code 68 Zip Co		<u>-</u>	-		9	_	untry						
WILLIAMS, BERNARD 1432 EDGEWOOD AVENUE WEST JACKSONVILE FL 32208 84 City 84 City FL 85 Zip Code 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP WILLIAMS, BERNARD 12. WILLIAMS, BERNARD 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP WILLIAMS, BERNARD 1432 WEST EDGEWOOD AVE. 13. SIRECI ADDRESS CITY-S1-2P JACKSONVILLE FL 14. CITY-S1-2P TITLE DELETE 31. TITLE Change Addition Addition MALE STREET ADDRESS CITY-S1-2P JACKSONVILLE FL 14. CITY-S1-2P TITLE DELETE 31. TITLE Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	24			11	d Agent	30	,						LI No
1432 EDGEWOOD AVENUE WEST JACKSONVILLE FL 32208 14	14/			ortent magistore	o Agent	81	Na		IU. Name and Address of New K	ogistered A	gent		
ACKSONVILLE FL 32208 Ball City FL City				ECT					,,,,,				
### City ### A City ##				E01			82	Stre	eet Address	s (P.O. Box Number is Not Accepta	ble)		
### Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named 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		10110011110	at it offer				83						
### Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named 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								Cit				les les:	O - d -
SIGNATURE Signalura, typed or printed name of legislered agent and life if apphicable 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	L						11	_	•		FL	1 1 '	
SIGNATURE Signalura, typed or printed name of legislered agent and life if apphicable 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	11. Pursuant	to the provisi	ons of Sactions 60	.0502 and 607.1	508, Florida Statu	utes, the a	bove	-nan	ned corpora	ation submits this statement for the	purpose of	changing	its registered
SIGNATURE Signalura, typed or printed name of legislered agent and life if apphicable 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	agent. La	registered agi am familiar wit	ent, or boln, in the h, and accept the	obligations of, Se	such change was ection 607.0505, F	s authorize Florida Sta	a by tules	the (corporation	's board of directors. I hereby acce	pt the appo	intment a	s registered
Signature. hyped or privated name of legistered agent and little if applicable (NOTE: Registered Agent legistered Agent l				•	•								1
TITLE WILLIAMS, BERNARD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 21 TITLE WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 31 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE 41 TITLE Addition Addition Addition Change Addition		Signature, typed				OTE: Registere	d Age	ni sign	ature required v	vhen reinstating)	DATE		,
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DVS STREET ADDRESS CITY-ST-ZIP TITLE WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP TITLE UNIT DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS		T AA	OFFICER:	S AND DIRECTO						ADDITIONS/CHANGES TO OFFI			
STREET ADDRESS CITY-ST-ZIP TITLE DVS DVS DELETE 2.1 TITLE WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE AMAGE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE AMAGE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMAGE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMAGE 4.2 NAME STREET ADDRESS		_,	10 00011100		L_ DELETE	1.1 7	TLE					Change	Addition
TITLE DVS DELETE 2.1 TITLE DVS DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS 1432 WEST EDGEWOOD AVE. 2.3 STREET ADDRESS DACKSONVILLE FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS DITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4		ſ				1.2 N	AME						- 1;
TITLE DVS DELETE 2.1 TITLE Change Addition NAME WILLIAMS, ANNIE D. STREET ADDRESS 1432 WEST EDGEWOOD AVE. CITY-ST-ZIP JACKSONVILLE FL 2.3 TITLE 2.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE 4.1 TITLE 4.1 TITLE 5.4 Addition NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS) AVE.		1.3 \$	TREET.	ADDRE	SS				ļi
NAME WILLIAMS, ANNIE D. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE JOHN STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition Change Addition ADDRESS STREET ADDRESS ADDRESS ADDRESS ADDRESS			MYLLE FL					T-ZIP		·			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS A4 CITY-ST-ZIP TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			IC ANNUE O		☐ DETER	3						Change	Addition
## CITY-ST-ZIP CITY-ST-ZIP				A167									ŀ
TITLE DELETE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS				MAE'					SS				
NAME		JACKSL	MYRLE FL	-	Deceme			T-ZIP					
STREET ADDRESS 3.3 STREET ADDRESS					FT OFFEIF						1	Change	L_J Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS													
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS									SS				
NAME STREET ADDRESS 4. 2 NAME 4.3 STREET ADDRESS		<u> </u>			Dineiere			T-ZIP				T Observe	4 4 2122
STREET ADDRESS 4.3 STREET ADDRESS					LJ VECEIE	1						Change	L. Addition
													1
									SS	•			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				חרובזב			·ZIP	 			Channe	(Jane
The state of the s					L_ DELETE				1		ı	unangé	L.J ADDITION
													j
STREET ADDRESS 5.3 STREET ADDRESS	l l								SS				İ
CITY-ST-ZIP 5.4 CITY-ST-ZIP				<u></u>	DELETE			- ZIP				Tai	
TITLE DELETE 6.1 TITLE Change Addition					L. DELETE						Į	Unange	☐ Addition
MANE 62 NAME									1				
STREET ADDRESS 6.3 STREET ADDRESS	- 1								SS				ŀ
CRY-ST-ZIP 64 CIY-ST-ZIP 64 CIY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3Y(i). Florida Statutes 4 further certify that the information		partify that the	Information europi	ad with this filing	done not evelify				totad in Ca	ation 110 07/2V/h Flerida Charles	funther cont		

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 chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: BEMOUNT IN IN I WANT

1/7/98

and 110,000 00