

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>EL Hair Salon INC.</u> 1. Corporation Name <u>PA3000004114</u>			
Principal Place of Business <u>3438 East Lake Road</u> <u>PAIM HARBOR, FL 34685</u> <u>ELHS INC.</u>		Mailing Address <u>3438 East Lake Road</u> <u>PAIM HARBOR, FL 34685</u> <u>Suite 18</u> <u>ELHS INC.</u>	
2. Principal Place of Business 21 <u>East Lake Hair Salon</u> Suite, Apt. #, etc. 22 <u>3438 East Lake Rd, Suite 18</u> City & State 23 <u>Palm Harbor, FL</u>		2a. Mailing Address 26 <u>3438 East Lake Rd, Suite 18</u> City & State 28 <u>Palm Harbor, FL</u> 29 <u>34685</u> 30 <u>Pine</u>	
3. Date Incorporated or Qualified		4. FEI Number <u>59-3160388</u> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 <u>Susan Sims</u> <u>3438 East Lake Rd Suite 18</u> <u>Palm Harbor, FL 33516</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 <u>Susan Sims</u> <u>Susan Sims</u> <u>1/29/98</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <u>OWNER</u> NAME <u>Susan Sims</u> STREET ADDRESS <u>3438 East Lake Rd</u> CITY-ST-ZIP <u>Palm Harbor, FL 33516</u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.		100002442091 -02/27/98--01003--032 ***150.00 PC 2.25	
SIGNATURE: <u>Susan Sims</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/29/98</u> Daytime Phone # <u>813-785-7100</u>	

CR2E034 (10/97)