

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 07 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P93000010178 (0)**  
1. Corporation Name

**CLARINE'S PROFESSIONAL BEAUTY CLINIC, INC.**



Principal Place of Business      Mailing Address  
**303 TERRY ST  
WILDWOOD FL 34785**      **303 TERRY ST  
WILDWOOD FL 34785**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
**21 2024 Edgewood Road**      **26 P.O. Box 490433**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23 Leesburg FL**      **28 Leesburg FL**  
Zip      Country      Zip      Country  
**24 34748**      **25**      **29 34749**      **30**

3. Date Incorporated or Qualified  
**02/03/1993**  
4. FEI Number      Applied For  
**59-3162383**      Not Applicable  
5. Certificate of Status Desired      **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution      Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.      Yes      ☒ No

9. Name and Address of Current Registered Agent  
**KINSLER, YVETTE  
303 TERRY ST  
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent  
**81 Name Clarine McCall**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2024 Edgewood Road**  
**83**  
**84 City Leesburg FL**      **85 Zip Code 34748**

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 *Clarine McCall* **Clarine McCall** **9/21/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALL, CLARINE</b>	1.2 NAME	
STREET ADDRESS	<b>2024 EDGEWOOD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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.

CR2E034 (5/98)