

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000026564 (3)**

1. Corporation Name  
**GENESIS HAIR AND NAIL INC.**

Principal Place of Business <b>424 RUSHMORE AVE S LEHIGH ACRES FL 33936</b>	Mailing Address <b>424 RUSHMORE AVE S LEHIGH ACRES FL 33936</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/08/1993</b>	
4. FEI Number <b>65-0412961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1000 Lee Blvd Suite 200</b> Suite, Apt. #, etc. 22 <b>Lehigh Acres FL</b> City & State 23 <b>33936</b> Zip 24 <b>USA</b> Country	2a. Mailing Address 26 <b>202 Jayview Ave</b> Suite, Apt. #, etc. 27 <b>Lehigh Acres FL</b> City & State 28 <b>33936</b> Zip 29 <b>USA</b> Country
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9. Name and Address of Current Registered Agent <b>MANNO, CHRISTINE M 424 RUSHMORE AVE S LEHIGH ACRES FL 33936</b>		10. Name and Address of New Registered Agent 81 Name <b>Manno Christine M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>202 Jayview Ave</b> 83 <b>Lehigh Acres</b> City 84 <b>FL</b> 85 Zip Code <b>33936</b>	
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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 **Christine M Manno President** DATE **4/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANNO, CHRISTINE M</b>		1.2 NAME	
STREET ADDRESS <b>424 RUSHMORE AVE S</b>		1.3 STREET ADDRESS <b>202 Jayview Ave</b>	
CITY-ST-ZIP <b>LEHIGH ACRES FL 33936</b>		1.4 CITY-ST-ZIP <b>Lehigh Acres, FL 33936</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANNO, JOHN F</b>		2.2 NAME	
STREET ADDRESS <b>424 RUSHMORE AVE S</b>		2.3 STREET ADDRESS <b>202 Jayview Ave</b>	
CITY-ST-ZIP <b>LEHIGH ACRES FL 33936</b>		2.4 CITY-ST-ZIP <b>Lehigh Acres, FL 33936</b>	
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	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: **Christine M Manno President** DATE: **4/17/98** PHONE: **941-368-6498**