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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P93000040822 (7) DOCUMENT # NEWAVES HAIR COMPANY, INC. Principal Place of Business Mailing Address 7024 US 301 N 7024 US 301 N **ELLENTON FL 34222 ELLENTON FL 34222** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1993 Applied For Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0413846 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name RAWLS, SANDRA C 13900 MULHOLLAND RD 82 Street Address (P.O. Box Number is Not Acceptable) PARRISH FL 34219 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title if applicable (NOTI: Registered Agent signature requ when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE RODRIGUEZ, PENNY C 1.2 NAME NAME 7024 US 301 N 1.3 STREET ADDRESS STREET ADDRESS **ELLENTON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2 1 TITLE TITLE RAWLS, SANDRA C NAME 22 NAME 7024 US 301 N STREET ADDRESS 23 STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TILLE TITLE

FILED

CRZEGS4

Change

Addition

64 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 if changed, or on aparticishment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: 20 tou C. Sochicus Penny C. Rodriguez 3/5/98 (941)729-6991