

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90204 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000017216

1. Corporation Name
KNIGHT STYLISTS, INC.



Principal Place of Business: 2736 UNIVERSITY BLVD. W. #4 JACKSONVILLE FL 32217
 Mailing Address: 2736 UNIVERSITY BLVD. W. #4 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1994**

4. FEI Number: **59-3229548** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 **2736 W. UNIVERSITY BLVD** Suite, Apt. #, etc. **#1** City & State **JACKSONVILLE, FL** Zip **32217** Country **DUVAL**

2a. Mailing Address: 26 **2736 W. UNIVERSITY BLVD** Suite, Apt. #, etc. **#1** City & State **JACKSONVILLE, FL** Zip **32217** Country **DUVAL**

9. Name and Address of Current Registered Agent
KNIGHT, MICHAEL C SR
3792 CATHEDRAL OAKS PLACE SOUTH
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: **KNIGHT, Michael C. JR.**

82 Street Address (P.O. Box Number is Not Acceptable): **3472 TURKEY OAKS DR W.**

83

84 City: **JACKSONVILLE** FL 85 Zip Code: **32277**

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: *[Signature]* DATE: **3-01-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, MICHAEL C SR	
STREET ADDRESS	2736 UNIVERSITY BLVD. W. #4	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, MICHAEL JR.	
STREET ADDRESS	2736 UNIVERSITY BLVD. W #4	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KNIGHT, Michael C. JR.	
1.3 STREET ADDRESS	2736 W. UNIVERSITY BLVD #1	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, for on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3-01-99** DAYTIME PHONE #: **904-730-3329**