

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000018846 (3)

1. Corporation Name

DREAM MAKERS HAIR DESIGN STUDIO, INC.

Principal Place of Business

4430 SE FEDERAL HWY  
STUART FL 34997

Mailing Address

4430 SE FEDERAL HWY  
STUART FL 34997

FILED  
Mar 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/11/1994

4. FEI Number  
65-0473401

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

JOHNSON, JANA H  
1540 SW SUNSET TRAIL  
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

*Johnson*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-98

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE

D

DELETE

NAME

JOHNSON, EDGAR W

STREET ADDRESS

1540 SW SUNSET TRAIL

CITY-ST-ZIP

PALM CITY FL

TITLE

D

DELETE

NAME

JOHNSON, JANA H

STREET ADDRESS

1540 SW SUNSET TRAIL

CITY-ST-ZIP

PALM CITY FL

TITLE

DELETE

NAME

STREET ADDRESS

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.

SIGNATURE: *Jana Johnson*

3-23-98 561-286-4011

CR2E034 (10/97)