4.21.98 B. 5205 -C **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 # P94000055299 (9)

HAIR CONSULTANTS, INC. Mailing Address Principal Place of Business 2521 HATHAWAY DRIVE 2521 HATHAWAY DRIVE GOCOA FL 32948-4312 COCOA FL 32926 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 Not Applicable 59-3254563 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name **HUESTIS. CAROL** 2521 HATHAWAY DRIVE Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32928** 83 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 Soction 607.0505, Florida Statutes. AROL SIGNATURE 12. AND DIRECTORS IN 12 TITLE DELETE Change Addition NAME HUESTIS, CAROL A 2521 HATHAWAY DR. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition FITLE 2.1 TITLE NAME HUESTIS, EVAN C 2.2 NAME STREET ADDRESS 2521 HATHAWAY DR. 2.3 STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 34 CITY-ST-ZIP DELETE Addition 41 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CAROL HYESTIS

1/20/98

FILED

Apr 21 1998 8:00am

Secretary of State