

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060571 (4)
 1. Corporation Name
RED DOOR BEAUTY SUPPLY, INC.



Principal Place of Business 3200 W. OAKLAND PARK BLVD. STE. L46 LAUDERDALE LAKES FL 33311	Mailing Address P O BOX 100811 FT LAUDERDALE FL 33310 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1601 WEDGEWOOD PLAZA DR. Suite, Apt. #, etc. 22 City & State 23 RIVIERA BEACH, FL Zip Country 24 33404 25 PALM BEACH		2a. Mailing Address 26 1601 WEDGEWOOD PLAZA DR. Suite, Apt. #, etc. 27 City & State 28 RIVIERA BEACH, FL Zip Country 29 33404 30 PALM BEACH		3. Date Incorporated or Qualified 08/17/1994	4. FEI Number 65-0512492	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.75 Additional Fee Required		5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent NOFIL, JOSEPH K C 3284 NORTH STATE RD 7 LAUDERLAKES FL 33319				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ELLIS, ALBERT P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3158 NW 43RD ST	1.2 NAME	
STREET ADDRESS	LAUDERDALE LAKES FL 33309	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD ELLIS, EULA M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3158 NW 43RD ST	2.2 NAME	
STREET ADDRESS	LAUDERDALE LAKES FL 33309	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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	

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 a 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, in an attachment with an address.

SIGNATURE: *Albert P. Ellis* 4-21-98

CR2E034 (10/97)