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 # P94000062209 (9) MANE STREET BEAUTY SALON, INC. Mailing Address Principal Place of Business 4889 LAKE WORTH ROAD STE. C 4889 LAKE WORTH ROAD STE. C LAKE WORTH FL 33463 SUITE 107 DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33463 3. Date Incorporated or Qualified 08/19/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0568561 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOHL, DONALD P 2315 SOUTH CONGRESS AVENUE Street Address (P.O. Box Number is Not Acceptable) R2 WEST PALM BEACH FL 33406 83 84 City 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 Signature, typed or printed name of registered right and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE ☐ Addition 1.1 TITLE Change NAME YARNELL, LINDA 1.2 NAME 5540 SOUTH 38TH STREET STREET ADDRESS 1.3 STREET ADDRESS **GREENACRES CITY FL 33463** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELFTE Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - 51 - ZIP

14. Thereby certify that the information supplied with this filling 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 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 it changes. or on an attachment with an arrivess

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 16 1998 8:00am

Secretary of State