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 # P94000073450 (6)

KEY WEST SALONS, INC.

FILED
May 04 1998 8:00am
Secretary of State

KEIW	rest salons, inc.			
Principal Plac	ce of Business Mailing Address			
12777 INDIAI LARGO FL 3	N ROCKS RD. 12777 INDIAN ROCKS FLARGO FL 34644 Sulf Blud LARGO FL 34644 A Ru Beach Flo 3 3 785 - 3 Plage of Business 2 2a. Mailing Address	RD.	DO NOT WRITE IN THIS SPACE	
1901 2007			3. Date Incorporated or Qualified	
Gordian Ri Beach 1/0 33/85-3/00			10/06/1994	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
21 /40	I Dul Blu 26		== =================================	Not Applicable
Solte, Apt.	don Re Beach 27 Suite, Apr. #, etc.	20	5. Certificate of Status Desired \$8.75	Additional Required
City & Sta	City & State		6. Election Campaign Financing \$5.00	May Be
23	28			to Fees
- 2P	5 P. S. Country	Country	8. This corporation owes or has paid the current year In	ntangible
24 5 2	9. Name and Address of Current Registered Agent	30		□ No
PP14 PANELA (/			10. Name and Address of New Registered Agent	
BELL, PAMELA K				
	777 INDIAN ROCKS RD. 140 Duly Dec	ress (P.O. Box Number is Not Acceptable)		
12777 INDIAN ROCKS RD. 1401 Suff Blu LARGO FL 34644 Findian Re Beach 82 Street Addre			()	
F/α			Samo	
	33785-370	84 City	65 Zip	Code
11 Pursuant		dae the above named cor-	FL B 20	
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 obtain in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or obtaining the statement of the purpose of changing its registered agent. I am design the provision of the purpose of changing its registered agent. I am design the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent of the purpose of changing its registered agent. I am design the purpose of changing its registered agent agent agent agent agent agent agent agen				
ayon	am familiar with, and accept the obligations of Section 607.0505, F	lorida Statutes.		
SIGNATURE	Sipolare typed or printed name of registered agent and title 4 applicable (NO	It. Registered Agent signature requir	red when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	P DELETE	1.1 TITLE	Change	Addition
NAME	BELL, PAMELA	1.2 NAME		,
STREET ADDRESS	303 FREEPORT AVENUE N.E.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	V DELETE	2.1 TITLE	Change	Addition
NAME	BELL , CRAIG	2.2 NAME		
STREET ADDRESS	303 FREEPORT AVENUE N.E.	2.3 STREET ADDRESS		ľ
CITY-ST-ZIP	ST. PETERSBURG FL	2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	DELETE	4 1 TITLE	Change	Addition
NAME		4. 2 NAME		1
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change	☐ Addition
NAME		5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS]
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	and the state of t	6.4 CITY-ST-ZIP		
TA INGRADY C	certify that the information supplied with this filing does not quality f	or the exemption etated in t	Section 110 07/2Vi). Florida Statutos, I further partifu that the	information

14. I hereby certify that the information supplied with this filing does not quality 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 one attachment with an address.

CICNATURE

Tomelle LBOX

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x 13-593-9040