

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000063098 (4)

1. Corporation Name

GENESIS FULL SERVICE SALON, INC.

Principal Place of Business

Mailing Address

22461 NYACK AVENUE
PORT CHARLOTTE FL 33952

22461 NYACK AVENUE
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21 2001 Rio De Janeiro Ave

26 Mailing Address

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23 Punta Gorda, Florida

27 City & State

Zip

24 33983

25 USA

28 Zip

29 Country

30

3. Name and Address of Current Registered Agent

KLEIN, IRIS L
22461 NYACK AVENUE
PORT CHARLOTTE FL 33952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---------------------|
| TITLE | □ DELETE | 1.1 TITLE | □ Change □ Addition |
| NAME | D KLEIN, IRIS L | 1.2 NAME | |
| STREET ADDRESS | 22461 NYACK AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | 1.4 CITY-ST-ZIP | |
| TITLE | □ DELETE | 2.1 TITLE | □ Change □ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 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 | | 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 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

Sandra B. Martham

1-20-98

941-764-9080



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1995

4. FEI Number

65-0607745

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

CR2E034 (10/97)