

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

FILED
Mar 24 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 # **P95000084399 (1)**

1. Corporation Name

KELTIC MAN HAIR SALON, INC.

Principal Place of Business

**1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334**

Mailing Address

**1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

65-0616418

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**CANNON, BRENDA
300 NE 60 STREET
OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent

81 **BRENDA CANNON**
82 Street Address (P.O. Box Number is Not Acceptable)
1800 NO ANDREWS AVE

83
84 **FT LAUDERDALE**

85 Zip Code
33311

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

Brenda Cannon

BRENDA CANNON

DATE

3/18/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CANNON, BRENDA
300 NE 60ST
OAKLAND PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RIDGEWAY, EMMA
300 NE 60 ST
OAKLAND PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RIDGEWAY COLIN
300 NE 60 ST
OAKLAND PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
RIDGEWAY, MARK
300 NE 60 ST
OAKLAND PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

Brenda Cannon

3/16/98

CR2E034 (10/97)