## 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 # P95000087133 (1)

UNIQUE DESIGN HAIR AND NAILS, INC.

## **FILED** Mar 11 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		- A manimal sia varat arist arist arist batil arist batil arist land 1004) (1064) (1064) (1064) (125 128)	
2504 43RD AVE., WEST		BRIAN STEINER			
BRADENTON FL 34205		249 48 ST. W.		DO NOT WRITE IN THIS SPACE	
		BRADENTON FL 34209		3. Date Incorporated or Qualified	OF AGE
				11/08/1995	
2. Principal P	Place of Business	2a. Mailipo Address	<b>一</b>	4. FEI Number	Applied For
21		28 LSKIAN .	STEINER	65-0632194	Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.	. )		\$8.75 Additional
22		27 2504 43	AUE W	5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	wil a	6. Election Campaign Financing	\$5.00 May Be
23		28 13K40KK	JION, FL	Trust Fund Contribution	Added to Fees
Zip	Country	1-31005 F	Country USA	8. This corporation owes or has paid the cu	
24	25 Same and Address of Curren			.1	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CTEINED IN DIKE E 81 Name					
STEINER, ULRIKE E			UT INAME		
	D4 43RD AVE., WEST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34205			83		
			"		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named corno		f changing its registered
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 agont and title if applicable. (NOTE: Registered Agont signature required when reinstalling)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPT	☐ DELET <b>E</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	steiner, ulrike e		1.2 NAME		(:
STREET ADDRESS	2504 43RD AVE., WEST		1.3 STREET ADDRESS	•	li li
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY+ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		Change  Addition
NAME	STEINER, BRIAN G		2.2 NAME		
STREET ADDRESS	2504 43RD AVE., WEST	'	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		2. 4 CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE	*	L Change Addition
NAME			3.2 NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS	ţ	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Chrone Latente
TITLE		☐ peres€	4.1 TITLE		Change Addition
NAME PERSET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	<del> </del>	☐ Change ☐ Addition
NAME		- perce	5.2 NAME		Ondrigo MOUITON
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		
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Increase certain 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 withyan address.