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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90001 023 ***150.00

T CONTROL CON COLOR MARIE BOSCO GREEK MARIE BUSCO GREEK BLOCK CONTROL MARIE BOCK FOR

DOCUMENT # P9600004256

CHOE EBONY BEAUTY SUPPLY, INC.

•									
Principal Place	e of Business	Mailing Address			1(10 0111 1001				
1710 NORTH N TAMPA FL 3380		113 SOUTH MACDILL AVE #B				DO NOT WRITE IN THIS SPACE	Æ		
		TAMPA FE 33005				3. Date Incorporated or Qualifed			1
						01/12/1996			
2. Principal P	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number - Applied For			F
26						59-3354342		Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Codificate of Status Desired	.75 Ad ee Req	dditional _{Juired}	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23,		28	28,			Trust Fund Contribution Added to Fees			
Zip	Country	Zip				8. This corporation owes the current year Intangible			1
24	25	29	29 30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent		041		10. Name and Address of New Registered Agent			{
EDA	NKLIN, OK CHA			81	Name				Ţ
) NORTH NEBRASKA AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			l
	PA FL 33602			83					1
LYN				03]
		•		84	City	FL 85	Zip C	ode	
11 Dureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute:	s. the a	bov€	-named corp	poration submits this statement for the nurpose of chang	ing its r	egistered	1
office or r	onictored agent or both in the State	a of Florida. Such change was all	monzed	יאחר	the corporation	on's board of directors. I hereby accept the appointmen	as reg	istered	
'agent.' I a	m-ramiliar with, and accept the oblig	ations of Section out void filter	n'a Siar	uies.			·		-
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: I	Registered	Agen	t signature require	d when reinstating) DATE		<u>-</u>] ;
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF] :
TITLE	D	☐ DELETE	1.1 TITLE				hange	☐ Addition	;
NAME	Franklin, ok cha		1.2 NA						
STREET ADDRESS	ATTAC NORTH NEDDACKA AND			1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33602		1.4 C	ITY-S	r-zip				1
TITLE		☐ DELETE	2.1 ∏	TLE	1	£J¢	hange	Addition	
NAME	•		2.2 N	AME					J⊨
STREET ADDRESS			2.3 \$	TREET	ADDRESS				ł
CITY-ST-ZIP			2.40	TY-S	T-ZIP			- Addition	┨
TIPLE		☐ DELETE	3.1 T	TLE		Liv	hange	☐ Addition	1
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	TADDRESS				-
CITY-ST-ZIP				XTY-S	T-ZIP			☐ Addition	1
TITLE		☐ DELETE	4,1 T	TLE		LIC	hange	☐ Addition	ì
NAME			4.21	IAME	1				1
STREET ADDRESS			4.3 S	TREET	FADDRESS				
CITY-ST-ZIP	<u> </u>		-	πу-\$	T-ZIP		honco		}
TITLE		☐ DELETE	5.1 T			LJ¢	hange	Addition	
NAME			5.2 N						1
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP_				ITY-S	T-ZIP				4
TITLE		☐ DELETE	6.1 T			Цc	hange	Addition	
NAME				AME		•			
CENTET ANNUECE	J		6.3 S	TREET	TADDRESS .				}

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 suppliemental 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Q1	CN	IAT	UR	· - -
ગ	Uit		Un	<u>. ت.</u>

STREET ADDRESS