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

**FILED** Apr 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9600008037 (9) BEAUTY CONCEPTS, INC. Principal Place of Business Mailing Address KIM'S NAILS KIM'S NAILS 2551-B N ATLANTIC AVE ATA 2551-B N ATLANTIC AVE ATA DO NOT WRITE IN THIS SPACE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 3. Date Incorporated or Qualified 01/25/1996 2a. Mailing Address 2. Principal Place of Business 4, FEI Number Applied For HAIR PROS 26 59-3354269 Not Applicable Suite, Apt. #, etc \$8.75 Additional  $\square$ 5. Certificate of Status Desired 2617 NORTH ATLANTIC AW 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing DAYTONA Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 24 3211 25 VOLUSIA 29 9. Name and Address of Current Registered Agent ☑ No Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent APPENZELLER, KIML APPONZELLOS, KIM L 81 **108 PINION CIR** 62 Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32174** MOSENWITH ARANINA 83 Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. 84 SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent aignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE 1.1 TITLE Change Addition TITLE VAUGHN, GLENN NAME 1.2 NAME 5712 REWAI CT. 5712 REVER CT STREET ADDRESS 1.3 STREET ADDRESS LILBURN GA CITY - \$1 - ZIP 1.4 CITY-ST-ZIP LILBURN, GA DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition

6.4 CITY - ST - ZIP Thereby certify that the information supplied with this filling 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 op an attachment with an address.

4.1 TI3LE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELFTE

4.3 STREET ADDRESS

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY - ST-ZIP

04-06-98

770-564-0568

Change

Change

Addition

Addition