## 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 # P96000013749 (2)

DIMENSIONS HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 15 1998 8:00am Secretary of State



3025 N OCEAN BLVD STUDIO 6 FT LAUDERDALE FL 33308		3025 N OCEAN BLVD STUDIO 6 FT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
						02/09/1996
<b></b>	ace of Business	2a. Mailing Address				4. FEI Number Applied For 65-0664451 Not Applicable
21 Suite Ant	# elc	Suite, Apt. #, etc.	Suite Ant # etc			\$9.75 Additional
Suite, Apt. #, etc.		27				5. Certificate of Status Desired Fee Required
City & State		City & State	28			6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip 24	Country	Z <sub>i</sub> p	Count	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
[ <del>Z4</del> ]	nt Registered Agent	1301			10. Name and Address of New Registered Agent	
COSTELLO, CYNTHIA			8	1 1	Name	
	5 N OCEAN BLVD STUDIO 6		82 Street A		Street Ad	ddress (P.O. Box Number is Not Acceptable)
FT	LAUDERDALE FL 33308		- 8	-		
				"		
			8	4	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized be agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.					iamed co ne corpoi	orporation submits this statement for the purpose of changing its registered
SIGNATURE						
	Signature, typed or printed name of registered ag		_ <del></del>	gent (	signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.	:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	COSTELLO, CYNTHIA			1.2 NAME		
STREET ADDRESS	505 SW 76TH TERRACE		1.3 STREET ADDRESS		IDBESS	
CITY-ST-ZIP	MODELL AUDEDDALE EL COCCO			1.4 CITY- ST-ZIP		
TITLE	D DELETE			2.1 TITLE		Change Addition
NAME	COSTELLO, CHARLES		2.2 NAME			
STREET ADDRESS	505 SW 76TH TERRACE		2.3 STREET ADDRESS		ODRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068			2. 4 CITY - ST - ZIP		
TITLE				3.1 TITLE Change		Change Addition
NAME				3.2 NAME		
STREET ADDRESS			3.3 STRE	ET AD	DRESS	
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP		
TITLE	TITLE DELETE			4.1 TITLE		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STRE	ET AD	DRESS	
CITY-ST-ZIP			4.4 CITY	-sr-a	ZIP	
TITLE DELETE			5.1 TITLE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMI	E		
STREET ADDRESS			5.3 STRE	ET AD	DAESS	
CITY-ST-ZIP			5.4 CITY	-ST-7	ZIP	
TITLE		DELETE	6.1 TITLE	-		☐ Change ☐ Addition
NAME			6.2 NAMI	E		
STREET ADDRESS			6.3 STRE	ET AD	DAESS	
CITY-ST-ZIP			6.4 CITY	- ST- 2	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.