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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000020777**

1. Corporation Name

SHANGRILA HAIR SALON, INC.

Principal Place of Business

6236 RIVER RD
NEW PORT RICHEY FL 34652

Mailing Address

6236 RIVER RD
NEW PORT RICHEY FL 34652

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip Country

24

Zip

25

Country

29

30

9. Name and Address of Current Registered Agent

**LECZNAR, ROBERT H
5922 MAIN ST
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **PATRI, PERINDA**
STREET ADDRESS **4419 KONGA CT**
CITY-ST-ZIP **PT RICHEY FL 34655**

DELETE

1.1 TITLE

Change

Addition

TITLE **D** DELETE
NAME **ARTHUR, LARRY R**
STREET ADDRESS **7520 ~~1500~~ LN**
CITY-ST-ZIP **PT RICHEY FL 34655**

DELETE

2.1 TITLE

Change

Addition

*6009 SEA RANCH DR. B12 APT 910
NEWTON FL 34667*

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

Change

Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

Change

Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 287845311
Date Daytime Phone #

CR2E034 (1198)