

5-11-98 B 1,996-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039159 (4)

1. Corporation Name

MMIE'S HOUSE OF BEAUTY, INC.



Principal Place of Business  
3007 WEST CYPRESS AVENUE  
TAMPA FL 33624

Mailing Address  
3007 WEST CYPRESS AVENUE  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>05/07/1996   |  |
| 4. FEI Number<br>59-3375662   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

MADISON, MIREILLE T  
5418 DEERBROOKE CIRCLE APT. 2  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
4747 WATERS AVE APT 1503  
83  
84 City TAMPA FL 85 Zip Code 33614

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

*M. Madison*  
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                      | PST <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MADISON, MIREILLE T                 | 1.2 NAME  |  |
| STREET ADDRESS             | 4747 WATERS AVE APT 1503            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL 33614                      | 1.4 CITY-ST-ZIP                                       | 33614  |
| TITLE                      | <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 2.2 NAME  |  |
| STREET ADDRESS             |                                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 3.2 NAME  |  |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-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.

CR2E034 (10/97)