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 # P96000047357 (4)

MANE TAMERS HAIR EMPORIUM, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								•	a tobulder are series atter easts obtat antiti alter series atter and the series atter total
8815 14 STREET WEST STE 103 BRADENTON FL 34207				6815 14 STREET WEST STE 103 BRADENTON FL 34207					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
6 Delegated D	lana of Dunio			2a. Mailing Address					05/31/1996
2. Principal Place of Business				26. Walling Address					4. FEI Number Applied For
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					65-0669917 Not Applicable \$8.75 Additional
22				27					6. Certificate of Status Desired Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be
Zip Country				Zip Country					Trust Fund Contribution L. Added to Fees
24				29 30			i iu y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24!	25 9. Name and Address of Currer							10. Name and Address of New Registered Agent	
DÖ							81	Name	
681		ET WEST S	TE 103				82 Street Address (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34207							83		
							84	City	FL 85 Zip Code
44 Purcuent	to the provisi	ions of Sactio	ne 607 0502 au	nd 607 1508	Florida Statute	e the a	2010	named	
11. Pursuant to the provisions of Socions 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 vigorat and trile if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
12.		OFF	ICERS AND D			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.