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 # P96000048745 (9)

DONN RICHARDS SALONS, INC.

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T CONFINDE CON CONTROL DESIGNATION OF THE STATE OF THE ST		ONDO BANK ODBI
14406 SHEBA ROAD 14408 SHEBA ROAD ORLANDO FL 32832-6523 ORLANDO FL 32832-6523			523					
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						06/07/1996 4. FEI Number	—————	
21	26					59-3383951	ļ 	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional
22	27					5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing	\$5.0	O May Be
23	28					Trust Fund Contribution		d to Fees
Zip 24	Country	Zip	Cou	intry		8. This corporation owes or has paid the		
24 25 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. 10. Name and Address of New Registere		∐ No
BEAM, DONN R					Name	10. Italia and Address of Item Registers	o Agent	
14406 SHEBA ROAD								
ORLANDO FL 32832-8523				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
				83				
				0.4	01.	<u> </u>		
				84	City	F		Code
11. 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 by tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered is registered
SIGNATURE	. ,	3	, or a contain					
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered					t signature requires			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	DCALL DOUBLD			1.1 TITLE			☐ Change	Addition
STREET ADDRESS	44400 CUEBA DOAD			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	ODI ANDO EL 20000 0500		ľ		J			[!
TITLE	the largest the same and the sa		1.4 CIT 2.1 TIT		· ZIP		Change	Addition
NAME			2.2 NA				L. J Orongo	Assilion
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP				2. 4 CITY - ST - ZIP				
TITLE			3.1 717	LE			Change	Addition
NAME			3.2 NA	3.2 NAME				
STREET ADDRESS			3.3 STF	REET AI	DDRESS			
CITY-ST-ZIP			3.4. CI	TY-\$1	- ZIP			
TITLE		☐ DELETE	4.1 TITLE		1			Addition
NAME			4.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TITI		ZIP		Change	Addition
NAME			5.2 NAI				☐ Change	Addition
STREET ADDRESS					DDRESS :			
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	6.1 7171		E11		Change	Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 STR		DDRESS			
CITY-ST-ZIP			6.4 CIT		ì			
14. I hereby c	certify that the information supplied	with this filing does not qualify				ection 119.07(3)(i). Florida Statutes, I further	certify that to	e information

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 application of 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 application of 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 application of 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 application of 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 application of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

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