FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ÄNNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

QCUMENT # P96000051427

BEAUTY SUPPLY, INC.

Mading Address HIPP I HOUSE OF CHISTOPS

ALCTICANA BOULEVARD

2135 AMERICANA BOULEVARD

FILED

Secretary of State

03-22-2000 90018 029 ***150.00

Mar 22, 2000 8:00 am

ORLANDO FL 32839 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/14/1996 Applied For 4. FEI Number Philipal Place of Business 2a. Mailing Address Not Applicable 59-3386599 26 \$8.75 Additional Suite, Apt. #, etc. Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5,00 May Be State & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible Country Yes FINO 30 Personal Property Tax 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 SANG W PARK Street Address (P.O. Box Number is Not Acceptable) 82 2135 AMERICANA BLVD ORLANDO FL 32839 83 Zip Code 85 84 City

Feducation 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 figure 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.

שחטלושייי	Signature, typest to protect name of registered agent and life if application	HOTE Registered Agent Science on	grand when moneth on:	
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thereby 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 fiducated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if shade under oath, that I am an infinite 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 florick 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SANG W. DARK PRESSHORT Utyloo