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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CORPOR DIVISION

FILED Jan 26 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address	—_				AND COURT BEAUTY AND I	II Tribi Io lia disi	
4904 WEST COUNTRY CLUB DRIVE P O BOX 4282 SARASOTA FL 34243 SARASOTA FL 34230						DO NOT W	RITE IN THIS	SPACE	
					3	. Date Incorporated or Qualif	ied		
					- 1	08/23/1996			1
2. Principal P	Place of Business	2a. Mailing Address			4	. FEI Number		Ar	oplied For
21		26				36-4102182		No	ot Applicable
Suite, Apt.	ቶ, etc.	Suite, Apt. #, etc.			-	. Certificate of Status Desired	i 🗆		Additional
22		27				- Continuate of Claus Desired	· ~	Fee Re	equired
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23		28				Trust Fund Contribution		······································	to Fees
Zip	Country	Zip	Cou	ntry	8	This corporation owes or ha	•		
24	9. Name and Address of Currer	29	_]30		10	Personal Property Tax due . Name and Address of New] No
		it negistered Agent		81 Name		, Halle alla Address of Ner	r negistered	Agent	
	YETTE, STEVE								
	04 WEST COUNTRY CLUB DRIVI	5		82 Street	Address (P.O. Box Number is Not Acce	eptable)	· 	1
SA i	RASOTA FL 34243			83					
			ĺ						
			J	84 City			FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	12 and 607.1508, Fiorida Statu of Florida. Such change was ations of Section 607.0505, F	ites, the at authorized lorida Stat	pove-named by the corputes.	corporation's	on submits this statement for board of directors. I hereby a		f changing it oointment as	ts registered registered
SIGNATURE							1		
DIGITATION									
	Signature, typed or printed name of registered age		TE: Registered	Agent signature	required who		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		required whe	n reinstating) ADDITIONS/CHANGES TO C			
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4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section 1990/(3)(f), Profide 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 for on an attachment with an address.

SIGNATURE:

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98 0

2000 # 0440000