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

FILED Apr 15 1998 8:00am Secretary of State

DOCUMENT # P96000 1. Corporation Name BEAUTY MARKS, INC.	077267 (8)						I i iiii 1841 184	
Principal Place of Business Mailing Address					# 100)106; 110 10fth 01th 00th 90th 00th			
525 CLEVELAND STREET	525 CLEVELAND STREET							
CLEARWATER FL 34615 CLEARWATER FL 34615					DO NOT WRITE IN THIS SPACE			
					B. Date Incorporated or Qualified	113 SPACE		\neg
				"	09/17/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 26				.	59-3400219		Not Applicabl	le
Suite, Apt. #, etc. Suite, Apt. #, etc.				F	5. Certificate of Status Desired		5 Additional	
27			· · · · · · · · · · · · · · · · · · ·			Fee Required		
City & State	City & State			6	5. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip Country	Zip	Country			This corporation owes or has paid the	· .		\dashv
24 25				Personal Property Tax due June 30.				
g. Name and Address of Current	Registered Agent			10), Name and Address of New Register	ed Agent		
GAILZAID, VICKI		81	Name					
525 CLEVELAND STREET			Street	t Address (P.O. Box Number is Not Acceptable)			\dashv	
CLEARWATER FL 34615							_	
		[83]						
		84	City		1	85 Z	ip Code	7
11 Pursuant to the provisions of Sections 607 0502	and 607 1508 Florida Statutos	the show	named	Corporati			n ite registerer	_
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida. Such change was au ons of, Section 607.0505, Flori	thorized by ida Statutes	the cor	poration's	board of directors. I hereby accept the	appointment	as registered	
SIGNATURE Signature, typed or printed name of registered agent in	MOTE.	Registered Age			en reinstating) DA			.
12, OFFICERS AND		13.	THE BYGINETURE	1 required wire	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	⊣ફ
TITLE PST					.9000	Chang		
NAME GAILZAID, VICKI	1.2 NA		1.2 NAME		et Desimone			7
STREET ADDRESS 525 CLEVELAND STREET	1.3 ST		ADDRESS					È
CITY-ST-ZIP CLEARWATER FL 34615	1.4 CIT		T-ZIP	Clearwater F1 34615		<u>-</u>	_[8	
TITLE V	DELETE	2.1 TITLE			•	☐ Chang	e 🔲 Additio	in C
NAME BENTHIEN, SIMONE	2.2 NA							
	CLEARWATER FL 34615 2 4 CI		2.3 STREET ADDRESS					-
			IY-SI-ZIP		Chang	e 🔲 Additio		
TITLE NAME							a LI Mudi((0)	""
STREET ADDRESS		3.2 NAME 3.3 STREET	Annpece					
CITY-ST-ZIP			ADURESS ST-ZIP					
TITLE	DELETE 4.1 TH		1-411	 		Chang	e 🔲 Addition	n
NAME		4. 2 NAME					·	
STREET ADDRESS	435		4.3 STREET ADDRESS					
CITY-ST-ZIP	4.4 CiT		T - ZIP					
TITLE	☐ DELETE	5.1 TITLE				☐ Chang	e Addition	n
NAME		5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			T-ZIP			 		_
TALE			6.1 TITLE			Chang	e L Addition	m]
NAME		6.2 NAME	nn				•	
STREET ADDRESS		6.3 STREET						.
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing does not qualify for	6.4 CITY-S'		L ed in Secti	ion 119,07(3)(i), Florida Statutes. I furthe	r certify that I	he information	-

14. 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 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.

SIGNATURE

imene entren

4/8/98

447-4366