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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077267

1. Corporation Name

BEAUTY MARKS, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90107 038 ***150.00



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CLEARWATER FL 34615 CLEARWATER FL 34615					•								
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								3. Date Incorporated or Qualifed					
								09/17/1996			A 17		
2. Principal Place of Business			2a, Mailing Address					4. FEI Number		⊢	Applie		
21			26 Suite Apt # etc					59-3400219		\$8.7		pplicable	
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Requi		
City & State		27				 -				- 4-			
City & State		28	City & State					6. Election Campaign Financing Trust Fund Contribution			0 Mar ed to Fe		
23 Country								-8: This corporation owes the curr	ont vons into				
Zip Country			ZipCountry					Personal Property Tax.	em-year-ma	Yes		No	
24 5	25 9. Name and Address of Current	29	ared Agent	30	Γ-		l l	10. Name and Address of New F	Registered A				
	a. Maille and Address of Current	regiate	orea Agent		81	Name		10.		-3-			
GAIL	ZAID, VICKI												
525 CLEVELAND STREET					82	Street A	Address (P.O. Box Number is Not Acceptable)						
1	ARWATER FL 34615				83								
	•				84	City			. FL	85 Z	ip Cod	le Ì	
dd Diveniont	to the provisions of Sections 607.0502	and 60	7 1508 Florida Statut	toe the a	hove	anamed c	ornors	ation submits this statement for the	nurnose of	 changing	its rea	istered	
office or re	egistered agent, or both, in the State o	of Florida	s. Such change was a	uthorized	i by i	the corpor	ration	s board of directors. I hereby accep	ot the appoir	tment as	regist	ered	
agent. I a	m familiar with, and accept the obligati	ions of, S	Section 607.0505, Flo	orida Stat	utes.							ļ	
SIGNATURE												L L	
0.0.0.	C1	s and elder if	andicable (NOTE	- Dogistoso	(Acon	nt signatura rag	outract w	hen reinstation)	DATE				
	Signature, typed or printed name of registered agent		· · · · · · · · · · · · · · · · · · ·	_ <u>-</u> _	i Agen	nt signature req	quired w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIREC	TORS	IN 12	
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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 an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #