## 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 # P96000077641 (4)

H & H BEAUTY SUPPLY, INC.

## FILED Feb 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
101 W. CYPRESS STREET UNIT H KISSIMMEE FL 34741			101 W. CYPRESS STREET UNIT H KISSIMMEE FL 34741				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 09/17/1996
2. Principal Place of Business			2a. Mailing Address			•	4. FEI Number Applied For
21			26				<b>59-3399806</b> Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Cartificate of Status Decired \$8.75 Additional
City & State			27				Fee Hequired
23	/ & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country Zip Co		ountry	'	8. This corporation owes or has paid the current year Intangible	
24	25 29 30				Personal Property Tax due June 30. X Yes No		
9, Name and Address of Current Registered Agent						Name	10. Name and Address of New Registered Agent
MCKENZIE, HERMAN					6,	INAITHE	
2701 HAWTHORNE LANE KISSIMMEE FL 34743					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	VIOSIMMEC	FL 34/43			63		
					64	City	los I. Zio Codo
					84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						e-named co	orporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature typed or printed nervir of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							outled when reinstation) DATE
12.	Signature, ty	ped or printed name of registered age OFFICERS AN	ent and tille if applicable ID DIRECTORS	(NOTE Registe		ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	OF HOLHS ALL			TITLE		Change Addition
NAME	SOBR	EMISANA, HERMINIA		1.2	NAME		
STREET A		MIDDLETON CIRCLE		1.3	STREET	ADDRESS	
CITY-ST	ZIP KISSI	MMEE FL 34743			CITY-5	1 - ZIP	
TITLE	V		c	ELETE . 2.1	TITLE		Change Addition
NAME		NZIE, HERMAN			NAME		'A · · ·
STREET A	141004	HAWTHORNE LANE				ADDRESS	
CITY-ST TITLE	-ZIP NIOON	MMEE FL 34743	—————		CITY-:	SI-ZIP	☐ Change ☐ Addition
NAME			۵.	<b>-</b>	NAME		
STREET	ADDRESS					ADDRESS	
CITY-ST					CITY -		
TITLE				ELETE 4.1	TITLE		☐ Change ☐ Addition
NAME				4. 2	NAME		
STREET A	address			4.3	STREET	ADDRESS	
CITY-ST	-ZIP	<del></del>			CITY-S	IT-ZIP	
TITLE					TITLE		Change Addition
NAME				1	NAME	1000000	
STREET A	į.			•		ADDRESS	
CITY-ST TITLE	- £R'				CITY-S	51-ZIP	Change Addition
NAME					NAME		
STREET A	NODRESS					ADDRESS	
"""""				1 0.3	J		

officer or director of the corporation 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 an attachment with an address from the company of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address from the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpor

CICHATURE, HERMAN MAKENTA