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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082473 (5)

1. Corporation Name

TEASZ WORLD OF BEAUTY SUPPLY, INC.



Principal Place of Business
1774 SW DESERT AVENUE
PORT ST. LUCIE FL 34953

Mailing Address
1774 SW DESERT AVENUE
PORT ST. LUCIE FL 34953-1109

3. Date Incorporated or Qualified
10/03/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 10632 SUS #1
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 9373
Suite, Apt. #, etc.

4. FEI Number
65-0706082

Applied For
Not Applicable

22 City & State
23 Port St Lucie, FL

27 City & State
28 Port St Lucie, FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 34952 25 St Lucie 29 34985-9373 30 St. Lucie

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ No

9. Name and Address of Current Registered Agent

KILLINGSWORTH, THOMAS C JR
1774 SW DESERT AVENUE
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Thomas C. Killingsworth, Jr	
STREET ADDRESS	1774 SW Desert Ave	
CITY - ST - ZIP	Port St Lucie, FL 34953-1109	
TITLE	Sec./Treas.	<input type="checkbox"/> DELETE
NAME	Valorie B. Killingsworth	
STREET ADDRESS	1774 SW Desert Ave	
CITY - ST - ZIP	Port St Lucie, FL 34953-1109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Valorie B. Killingsworth	
1.3 STREET ADDRESS	1774 SW Desert Ave	
1.4 CITY - ST - ZIP	Port St Lucie, FL 34953-1109	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 or in an attachment with an address.

SIGNATURE: Thomas C. Killingsworth, Jr 4/16/97 (56) 398-9029

SIGNATURE AND TITLE OF CURRENTLY SERVING OFFICER OR DIRECTOR

Date

Daytime Phone

0473960

CR2E034 (9/96)