

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000082473 (5)**

1. Corporation Name

TEASZ WORLD OF BEAUTY SUPPLY, INC.



Principal Place of Business 10632 S US #1 PORT ST. LUCIE FL 34952 US	Mailing Address P.O. BOX 9373 PORT ST. LUCIE FL 34985-9373 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/03/1996	
4. FEI Number 65-0706082		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLINGSWORTH JR, THOMAS C		1.2 NAME	Thomas C. Killingsworth Jr	
STREET ADDRESS	1774 SW DESERT AVE		1.3 STREET ADDRESS	1774 SW Desert Ave	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP	Port St Lucie FL 34953	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLINGSWORTH, VALORIE B		2.2 NAME	Thomas C Killingsworth Jr	
STREET ADDRESS	1774 SW DESERT AVE		2.3 STREET ADDRESS	1774 SW Desert Ave	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St Lucie FL 34953	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLINGSWORTH, VALORIE B		3.2 NAME	Valorie Killingsworth	
STREET ADDRESS	1774 SW DESERT AVE		3.3 STREET ADDRESS	1774 SW Desert Ave	
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP	Port St Lucie FL 34953	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE

Valorie B Killingsworth

4-26-98

CR2E034 (10/97)