

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90009 001 ***550.00

DOCUMENT # P96000082473

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

65-0706082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

3. City & State

4. Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28. Zip

Country

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 607.0542 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

6/2/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

AME KILLINGSWORTH JR, THOMAS C
TREET ADDRESS 1774 SW DESERT AVE
ITY-ST-ZIP PORT ST LUCIE FL

1.2 TITLE ☒ DELETE

AME KILLINGSWORTH, VALORIE B
TREET ADDRESS 1774 SW DESERT AVE
ITY-ST-ZIP PORT ST LUCIE FL

1.3 TITLE ☐ DELETE

AME KILLINGSWORTH, VALORIE B
TREET ADDRESS 1774 SW DESERT AVE
ITY-ST-ZIP PORT ST LUCIE FL

1.4 TITLE ☐ DELETE

AME
TREET ADDRESS
ITY-ST-ZIP

1.5 TITLE ☐ DELETE

AME
TREET ADDRESS
ITY-ST-ZIP

1.6 TITLE ☐ DELETE

AME
TREET ADDRESS
ITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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: Valorie B. Killingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Valorie B. Killingsworth
Date 6/2/99 Daytime Phone # (561) 398-9029

CR2E034 (11/98)