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 # P96000083025 (2)

LASTING BEAUTY BY LESLIE, INC.

Principal Pla	ace of Business	Mailing Addr	ess			
8536 ISLAND AVENUE 5536 ISLAND AVENUE SEMINOLE FL 33772 SEMINOLE FL 33772					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 10/08/1996	
2. Principal	Place of Business	2a. Mailing A	ddress		4. FEI Number	Applied For
21		26			59-3409635	Not Applicable
Suite, Ap	it. #, etc	Suite, Apt	. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ete	City & Sta	te		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip		Country	8. This corporation owes or has paid the cur	rrent year Intangible
24	25	29	30			☐ Yes ☐ No
	 Name and Address of Cur 	rent Registered Age	nt	81 Name	10. Name and Address of New Registered	Agent
11. Pursuan	ORAL GABLES FL 33134 If to the provisions of Sections 607.0 If to the provisions of Sections 607.0	0502 and 607, 1508, Fi	orida Statutes, nange was auth	83 84 City the above-named colorized by the corpora	poration submits this statement for the purpose o	
agent. 1 SIGNATURE						
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE R	gistered Agont signature request.	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
12.	PD		DELETÉ	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
NAME	LATTO, LESUE A			1.2 NAME		
STREET ADDRESS				1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772			1.4 CITY - ST - ZIP		
TITLE	VSTD		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LATTO, THOMAS W III			22 NAME		•
STREET ADDRESS	****			2 3 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL 33772			2.4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME	1					1
	i			3.2 NAME		

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 suppliemental 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 corporates 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, of or an attackment with an address.

6.2 NAME 6.3 STREET ADDRESS

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

52 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

4/15/99

813 397 3816

Change

Change

Addition

Addition

■ Addition

FILED

Apr 29 1998 8:00am

Secretary of State