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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084974 (0)

10484 PHILLIPS HIGHWAY

JACKSONVILLE FL 32256

BRASS DOOR SALON & SPA, INC. Principal Place of Business Mailing Address 10464 PHILLIPS HIGHWAY 10464 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3409488 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MORGAN, ROBERT M 10110 SAN JOSE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 83 City 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 alignature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ... Addition ROSENBERG, RICHARD NAME 1.2 NAME 10464 PHILLIPS HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE ROSENBERG, CLAUDIA NAME 2.2 NAME

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

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6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

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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 supplicing its filing and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the exemption of th

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE NAME CR2E034 (10/97)

■ Addition

Addition

Addition

Addition

Change

Change

Change

Change

FILED

Feb 09 1998 8:00am

Secretary of State