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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091984 (0)

ALWAYS BEAUTIFUL SERVICE, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 18400 RUFFIAN WAY 18400 RUFFIAN WAY **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 18400 RUFF: AN WAY 26 60 BOX 970711 65-0704980 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be BOCARATON PI BOCA RATON 1 Trust Fund Contribution Added to Fees 6. This corporation owes or has paid the current year Intangible 349 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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, types or prefed hame of registered agent and the Lappocable (NOTL: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change ___ Addition TITLE 1.1 TITLE BAUMAN, EDWARD W NAME 1.2 NAME CR2E034 18400 RUFFIAN WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 1/116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP TITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP

14. Thereby certify that the information supplied with this filling 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 trustige 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.

- 5/alar Rain

(er) 480-1245