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

P96000093156 (3)

SANDT'S HAIR PLACE, INC		
Principal Place of Business	Mailing Address	
5854 ATLANTIC BLVD JACKSONVILLE FL 32207	5854 ATLANTIC BLVD JACKSONVILLE FL 32207	
		3. Date Incorporate 01/01/1997
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	59-34131
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 0 /60 - 100-

FILED Feb 12 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			19 JANGA HERBI BIHAR BERL	1611
5854 ATLANTIC BLVD JACKSONVILLE FL 32207 5854 ATLANTIC BLVD JACKSONVILLE FL 32207			DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualified	OI NOL	
				01/01/1997		
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	For
21		26		59-3413136	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	** 11 .		\$8.75 Additio	
22		27		5. Certificate of Status Desired	Fee Require	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May	Be
23		28		Trust Fund Contribution	Added to Fee	as
Zip	Country	Zip	Country	B. This corporation owes or has paid the cur		
24	[25]	[29]	30		Yes No	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent	
1	DDIN, SANDRA S		Name			
5854 ATLANTIC BLVD 82 Street Addr		ress (P.O. Box Number is Not Acceptable)				
3.40	CKSONVILLE FL 32207		83			\dashv
			84 City	FI	85 Zip Code	
11. Pursuant office of tagont La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statut i of Florida: Such change was a lations of Section 607.0505, Flo	es, the above-named corpora authorized by the corpora orida Statules.	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	f changing its regis	istered tered
SIGNATURE						
	Signature, typed or proted name of registered ag		E: Registered Agent signature requ			
12.	OFFICERS AN	DURECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	REDDIN, SANDRA S	[] Diffet it	1.1 TITLE		LJ Change LJ	Addition
NAME	1152 FROMAGE CIR E		1.2 NAME			
STREET ADDRESS	JACKSONVILLE FL 32225		1.3 STREET ADDRESS			Į
CITY • ST - ZIP	SACKSONVILLE PE SEEES	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
I NAME		L. bettie	2.2 NAME		C Sharibe C	/100111011
			2.3 STREET ADDRESS			
STREET ADDRESS	•		2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			}
CITY-ST-ZIP			3.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4.1 TITLE		☐ Change ☐	Addition
NAME			4, 2 NAME			i
STREET ADDRESS			4.3 STREET ADDRESS			ľ
CITY-\$1-ZIP			4.4 CHTY-ST-ZIP			
TITLE		DELETE	51 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
VITLE		DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS		Ì	ì

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 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 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 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 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 in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated