


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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000094696 (7)**

1. Corporation Name  
**KARLINE'S BEAUTY SPA OF THE PALM BEACHES, INC.**



Principal Place of Business <b>5516 CANYON WAY UNIT A WEST PALM BEACH FL 33415</b>	Mailing Address <b>5516 CANYON WAY UNIT A WEST PALM BEACH FL 33415</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>11/15/1996</b>	
4. FEI Number <b>65-0720378</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>RICKETTS, KARLINE 5516 CANYON WAY UNIT A WEST PALM BEACH FL 33415</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>RICKETTS, KARLINE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5516 CANYON WAY UNIT A</b>	1.2 NAME	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	1.3 STREET ADDRESS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	<b>MACK, JEROME</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5516 CANYON WAY UNIT A</b>	2.2 NAME	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	2.3 STREET ADDRESS	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	<b>GIBSON, TAKIYA C</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5516 CANNON WAY #A</b>	3.2 NAME	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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.

SIGNATURE: *Lati-Kunth* **5/1/98** **561-687-7690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)