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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000020936 (5)

PERMANENT COSMETICS BY SHERRI, INC.

FILED Jun 29 1998 8:00am Secretary of State



						<u> </u>
Principal Place of Business Mailing Address					Liebildet un ibrii seau saun saun saun saus usu saus isus saus suus suus suus	
600 14TH AVE			600 14TH AVENUE SOUTH			
NAPLES FL 34102		NAPLES FL 34102	NAPLES FL 34102			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/07/1997
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEL Number X Applied For
21 2		26				HOOILA FOY Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		28 Zip				
	<u>├</u> ──┐	29	30	110 у		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	- 25 9. Name and Address of Current		1301	ļ		10. Name and Address of New Registered Agent
801	IELLING, JEFFREY S			81	Name	
	9TH STREET SOUTH				Circat Ari	description (D.O. Day Mumbar is Not Assentable)
	TE 103			82	Sireel Aud	dress (P.O. Box Number is Not Acceptable)
	PLBS FL 34102			83		
****	:			84	City	■■ 85 Zip Code
				04	City	FL B5 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						
- DIGITATIONE ,	Signature, typed or printed name of registered agent			Age	nt signature req	ured whon reinstating) DATE
12,	OFFICERS AND		13.		——	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	· ·		1.1 TI			Change Addition
NAME O'CONNELL, SHERRI			1.2 NAME			
STREET ADDRESS 600 14TH AVENUE SOUTH			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		- 1	
CITY-ST-ZIP	NAPLES FL 34102	DELETE 211			1-219	Change Addition
TITLE		Official			1	_ stange _ standard
NAME AXDERT ADDRESS			2.2 NAME 2.3 STREET ADDRES		ADDOCCC	
STREET ADDRESS	<u>s.</u>		2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	<u> </u>	DELETE 3.1			11-24	☐ Change ☐ Addition
NAME	1 2	_	3.2 N			
STREET ADDRESS	ŧ.		3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		Change Addition
NAME	ą.		4.2 N	AME		
STREET ADDRESS			4.3 ST	REÉT	ADDRESS	
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TI	TLE	1	Change Addition
NAME			5.2 N	ME		
STREET ADDRESS	- -		5.3 S1	REET	ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CI		T-ZIP	<u> </u>
TITLE	-	☐ DELETE	6.1 TI	TLE	1	-06/38/38-01012-017 Change Addition
NAME			6.2 N			***150,80
STREET ADDRESS	:		6.3 \$1	REET	ADDRESS	76.
CITY-ST-ZIP			6.4 C	TY - 5	I-ZIP	<u> </u>

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 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 or the corporation of the corpo

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