4-2-98 B 4072 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000023832 (3)

CARMEN LEE SALON, INC.

Principal Place of Business

FILED Apr 02 1998 8:00am Secretary of State



Mailing Address 3310 BAY TO BAY BOULEVARD, UNIT 102 3310 BAY TO BAY BOULEVARD, UNIT 102 TAMPA FL 33629 TAMPA FL 33629 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3310 Bay to Bay BUD 59-3433475 21 Not Applicable Suite Apt # etc Suite, pt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 colFee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 lam Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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, typed or printed name of transferred agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PSTD 1.1 TOTLE Change Addition NAME LEE-SEIDEL, CARMEN 1.2 NAME 3310 BAY TO BAY BOULEVARD, UNIT 102 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3 1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3 4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not queltly 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 a lambda from the receiver of the corporation of the receiver or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or gir an placehment with an apridess.

SIGNATURE:

2.000 St (DID) D39 1882