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

DOCUMENT # P97000028600 (9)

BEAUTY FIX BY EVA, INC.

FILED Apr 14 1998 8:00am Secretary of State



			 					
Principal Place of Business Mailing Address								
6575 MEANDE			6575 MEANDERING WAY					
BRADENTON (FL 34202	DNAUC	BRADENTON FL 34202				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 03/26/1997
2. Principal P	lace of Busin	ess	2a. Mai	ling Address			-	4. FEI Number Applied For
21			26					65-0750737 Not Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	
22		27					Fee Required	
City & State	е	<u>-</u> -n `	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country			· · · · · · · · · · · · · · · · · · ·	Zip Country			·	Trust Fund Contribution
24				29 30				Personal Property Tax due June 30.
27		and Address of Curr		d Agent	1301	1		10. Name and Address of New Registered Agent
GO	ODSON, EV	/A				81	Name	
657		82 Street Add			Address (P.O. Box Number is Not Acceptable)			
	ADENTON F				83		Address (F.O. Box Humber is Not Mospitalis)	
						63		
						84	City	FL 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, typed or printed name of registered agent and tak: if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12,	Signature, typied	agent and little if appl AND DIRECTOR				nt signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	(// / (/ / / / / / / / / / / / / / / /	040 0101	DELETE	1.1 T	TLE		Change Addition
NAME	GOODS	ON. EVA		_	1.2 N		:	
STREET ADDRESS		ANDERING WAY			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP		TON FL 34202			1.4 C	ITY-S	T- ZIP	
TITLE				DELETE	2.1 T	TLE		Change Addition
NAME					2.2 N	AME		
STREET ADDRESS					235	TREFT	ADDRESS	
CITY-\$T-ZIP					2.40	HY-S	1 - ZIP	
TITLE				☐ DELETE	3.1 T	ITLE		Change Addition
NAME					3.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				The section			T-7/P	Change Addition
TITLE				☐ DELETE	4.1 TI			Change L_I Addition
NAME					4.21			
STREET ADORESS					1		AODRESS	
CITY-ST-ZIP				DELETE		IY-S	I - ZIP	Change Addition
TITLE				□ MICH	511			L Shange L Addition
NAME CAREET ADDRESS					5.2 N		ADDRESS	
STREET ADDRESS								
CITY-ST-ZIP				DELETE	6.1 T	ITY-S'	1-21P	Change Addition
NAME					62 N			
l i							ADDRESS	
STREET ADDRESS						IHEEI ITY-S'		
CITY-ST-ZIP					0.4 U	111-3	1 · 4 H	

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.