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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**19**98

DOCUMENT # P97000031059 (3)

LOOKS TANNING & BEAUTY SUPPLIES, INC.

## **FILED** May 18 1998 8:00am Secretary of State



1/11/00

Principal Place	e of Business	Mailing Address			
			421 EAST HOWARD STREET		
		LIVE OAK FL 32060			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
-					03/31/1997
2. Principal Place of Business / 2a. Mailing Address .					4. FEI Number Applied For
21 320 N. Ohio Ave. 26 320 N. O			nio f	Ive.	59-3427271 Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State  City & Could City & C			KIF	1_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 32.0	60 25 Suwanna	29 32060 3	Country	ıukır	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
N DZO	g, Name and Address of Current		<u> </u>	t MALL	10. Name and Address of New Registered Agent
CH	AUNCEY, DOROTHY		81	Name	
7400 405TU DOAD				Stroot /	Address (P.O. Box Number is Not Acceptable)
LIVE OAK FL 32080				311661 1	Address (F.O. Box Number is Not Acceptable)
			83		
				0.1	log   7% Oods
			84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1908 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	'Florida. Such change was aut	horized by	y the corp	oralion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed harne of regulered agent	and little if an illinoiste (NOTE F	registered An	eol segnature	required when reinstating) DATE
12.	OFFICERS AND	·	13.	9.0.0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Owner	DELETE	1.1 TITLE		Change Addition
NAME	Donothy AnnChau 1432 18511 Rd	W. C. S. A.	1.2 NAME		
STREET ADDRESS	7432 18511 Kd		1.3 STREET	ADDRESS	
CITY-ST-ZIP	Lite Oak II 221	4.0	1.4 CITY - 5		
TITLE	Adrienne Charne 7432 1854 K. K.d.	DELETE	2.1 TITLE	31-20	☐ Change ☐ Addition
NAME	Marienne Charen	ical Dagren	2.2 NAME		•
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP	Live Oak F1 32	060	2. 4 CITY-		
TITLE		DELETE	3.1 TITLE	912.1	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NAME		<del>-</del> • -
STREET ADDRESS			4.3 STREET	1	
CITY-ST-ZIP			4.4 CITY-5	1	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<del></del>	52 NAME	l	— · —
STREET ADDRESS			5 3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S		
TITLE		DELETE	6.1 TITLE	71 " 4.II	Change Addition
NAME			6.2 NAME	ነ	,
STREET ADORESS			6.3 STREET	ADDRESS	
				- 1	
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for	6.4 CITY-S the exemp		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or of	on this annual report or supplemental a	innual report is true and accur er or trustee empowered to ex	ate and th	at my sigr	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in