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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059552 (4)

BENDILL'S HAIR MAGIC, INC.

Principal Place of Business

6075 9TH ST S

Mailing Address

6075 9TH ST S

FILED May 19 1998 8:00am Secretary of State



ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2a. Mailing Address 2. Principal Place of Business Applied For 108/ 62 Suite, Apt. #, etc. 59-3460797 1081 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 37- CETEKS BURG 28 Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible PINGLLAS PIN (LLAX 33701 29 Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BENSON, MARK R 634 29TH AVE N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33704 83 84 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. It 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 rege toract agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33705 CITY-ST-ZIP 1.4 CITY - ST- ZIP Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE ☐ Change 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP 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 13 if changed, or on an attachment with an address.

MARK R.G BENSON