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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000062318 (5)**

1. Corporation Name

TOTAL LOOK HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

**13251 MCGREGOR BLVD., STE. B
FT. MYERS FL 33919**

**13251 MCGREGOR BLVD., STE. B
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

65-0769486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address **40 GALLAGHER**

21 Suite, Apt. #, etc.

26 **3501 DEL PRADO BLVD**

22 City & State

27 **SUITE 204**

24 Zip Country

28 **CAPE CORAL, FL**

25

29 **33904** 30 **US**

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
12870 NEW BRITTANY BLVD., STE. 101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name **John Gallagher**
82 Street Address (P.O. Box Number is Not Acceptable)
3501 Del Prado Blvd #204
83
84 City **Cape Coral** FL 85 Zip Code **33904**

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 and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

John Gallagher
Signature, by typing printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MIERTURE, IVETA**
STREET ADDRESS **13251 MCGREGOR BLVD., STE. B**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IVETA MIERTURE

4/17/98 1941.5408540

CR2E034 (10/97)