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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90260 005 ***150.00

DOCUMENT # P97000073416 (4))		
TOTAL LOOK OF JACKSONVILLE, INC.	•		•
JACKSONVILLE HAIR REPLACE	MENT CEN		
		王NZ	
Principal Place of Business Mailing Address	•		
8221-10 SOUTHSIDE BLYD: 8221-10 SOUTHSIDE BL JACKSONVILLE FL 32256 JACKSONVILLE FL 3225			•
9770 Bay meadows Road Souts 10		. DO NOT WRITE IN TH	IS SPACE
	,	3. Date Incorporated or Qualified	
Jacksonville, FL 32256		08/20/1997	
2. Principal Place of Business 22. Mailing Address 2770 Bay meadows Rd 26 Corre	- es above	4. FEI Number 59-3463131	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 30 2 1 27		or services or class section 12	Fee Required
City & State Tucksmule, FL 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio _ Country Zio	Country	8. This corporation owes or has paid the	
4 32256 25 29	30	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent		10. Name and Address of New Registers	ed Agent
SMITH, C. HOLT III	81 Name	BHARTI DESAI	
1 INDEPENDENT DR., STE. 3301	82 Street Add	room (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202	83	S&T - KUSDED RA	_ :
	🏎	€	
•	84 City	Marietta 1A -	. 85 Zip Code
11 ursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut	tes the above-named corr	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Florida, Such change was a	authorized by the cornorat		google as registered
agent I am familiar with and argent the abligations of Caption CO7 OFOE Ele	eside Ctebdee	tion's poard of directors, I hereby accept the a	ppolitiment du regisiered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flo	orida Statutes.	tion's poard of directors, thereby accept the a $2/2$	×198
agent. I am familia with, and accept the obligations of, Section 607.0505, Fit	orida Statutes. (E: Registered Agent signature required)	2/2	28/98
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