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05-06-1999 90260 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000073416 (4)**

1. Corporation Name
~~TOTAL LOOK OF JACKSONVILLE, INC.~~
JACKSONVILLE HAIR REPLACEMENT ~~CENTER~~, INC [redacted]

Principal Place of Business	Mailing Address
~~8221-10 SOUTHSIDE BLVD. JACKSONVILLE FL 32256~~ 9770 Baymeadows Road, Suite 101 Jacksonville, FL 32256	~~8221-10 SOUTHSIDE BLVD. JACKSONVILLE FL 32256~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 9770 Baymeadows Rd	2a. Mailing Address 26: Same as above	3. Date Incorporated or Qualified: 08/20/1997	
Suite, Apt. #, etc. 22: Suite 101	Suite, Apt. #, etc. 27:	4. FEI Number: 59-3463131	☐ Applied For ☐ Not Applicable
City & State 23: Jacksonville, FL	City & State 28:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24: 32256 / Country 25:	Zip 29: / Country 30:	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, C. HOLT III 1 INDEPENDENT DR., STE. 3301 JACKSONVILLE FL 32202	81 Name: BHARTI DESAI 82 Street Address (P.O. Box Number is Not Acceptable): 1584 Roswell Rd 83: 84 City: Marietta GA 85 Zip Code: 30062

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] 2/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, JOANN	1.2 NAME	
STREET ADDRESS	~~10150 BELLE RIVE BLVD., #2105~~ 7910 Los Robles Ct	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, JOHN	2.2 NAME	
STREET ADDRESS	~~10150 BELLE RIVE BLVD., #2105~~ 7861 La Sierra Ct	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DESAI, BHARTI	3.2 NAME	
STREET ADDRESS	~~2475-B WINDY HILL RD.~~ 1584 Roswell Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MARIETTA GA 30067~~ Marietta, GA 30062	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042155