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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000094333 (6)

D & D BEAUTY DISTRIBUTORS, INC.

Principal Place of Business		Mailing Address			SHI <b>Bibad</b> diino hinda inii odal
2565 BLACKBURN ST.		2565 BLACKBURN ST.			
CLEARWATER FL 34623		CLEARWATER FL 34623		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/03/1997	·
· ·	Place of Business	2a. Mailing Address		1.59-348 2808	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt #, etc.			Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be
23]	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	Country	<ol> <li>This corporation owes or has paid the corporate Property Tax due June 30.</li> </ol>	urrent year Intangible ☑Yes ☐ No
	g. Name and Address of Curren		[30]	10. Name and Address of New Registered	
DECIO, DEBORAH A 81					
2585 BLACKBURN ST.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34623			83		
			03		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Soctions 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 hampar with find accord the abligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Bignature, typed or product name and stated age	r Lang title if epplicable (NOTE	E: Registered Agent signature requ		- 10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	Vice President	☐ DELETE	1.1 TITLE		Change Addition
NAME	Deborah A Decio		1.2 NAME		
STREET ADDRESS	2565 Blackburn ST.	2	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	accordator Fr 3371	Ø⊃ □ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	president	C WILL	2.2 NAME	•	C change C hashes
STREET ADDRESS	Stargio Brackburn ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	Charwaster, FL 3371		2. 4 CITY - ST - ZIP		
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME CYREET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. Fre	4.4 CITY - ST - ZIP		Dharas As Bear
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME Street address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST-ZIP		İ
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Ì

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 trusted 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.

6.3 STREET ADDRESS

STREET ADDRESS

11.21.98

( 8121-191-1280)

**FILED** 

May 07 1998 8:00am

Secretary of State