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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000097109 (7) DOCUMENT #

SCOUNDRELS SALON, INC.

1708 SPOONBILL DRIVE 1708 SPOONBILL DRIVE NOKOMIS FL 34275 NOKOMIS FL 34275 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1373 MAIN 65-0796703 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SAMALUTA 23 28 Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation owes or has paid the current year Intangible SANASOHI Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GERRITY, THOMAS E 1900 MAIN STREET, #201 Street Address (P.O. Box Number is Not Acceptable) SARA**\$**0TA FL 34237 83 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. I 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 registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition PTD DELETE 1.1 TITLE Change TITLE NAME PITCHER, ELIZABETH 1.2 NAME 1708 SPOONBILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE **VPSD** 2.1 TITLE NAME PITCHER, JOHN 22 NAME 1708 SPOONBILL DRIVE STREET ADDRESS 2.3 STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

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.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

Apr 29 1998 8:00am

Secretary of State