

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90191 014 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000001830					
1. Corporation Name ABOUT FACE BEAUTY & BRIDAL SALON, INC.					
Principal Place of Business 2116 EDGEWATER DR. ORLANDO FL 32804			Mailing Address 2116 EDGEWATER DR. ORLANDO FL 32804		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1049 LANDVIEW Ct.		26 1049 LANDVIEW Ct.		01/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3483855	
City & State		City & State		Applied For	
23 Orlando FL		28 ORLANDO FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 32828		29 32828		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
25 USA		30 USA		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					
LARSEN, KARI L 2116 EDGEWATER DR. ORLANDO FL 32804					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ DELETE ☒ Change ☐ Addition					
1.2 NAME LARSEN, KARI L.					
1.3 STREET ADDRESS 2116 EDGEWATER DR.					
1.4 CITY-ST-ZIP ORLANDO FL 32828					
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, with all other like empowered.

SIGNATURE: Kari L. Larsen **FILED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (407) 277-4600
Date Daytime Phone #

CR2E034 (11/98)