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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040208

Corporation Name

TWO BLONDES COMPANY

Principal Place of Business

SIGNATURE:

Mailing Address

148 DURANGO ROAD

148 DURANGO ROAD DESTIN EL 32541

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90111 028 ***150.00



CR2E034 (11/98)

DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/01/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59356226 Not Applicable 300 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Countr 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HANSELMAN-MANCINI, YVETTE Street Address (P.O. Box Number is Not Acceptable) 148 DURANGO ROAD **DESTIN FL 32541** 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.050/ 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, or the 2130 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 the provisions of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required wh ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 TTT F HANSELMAN-MANCINI, YVETTE 1.2 NAME NAME **148 DURANGO ROAD** 1.3 STREET ADORESS STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE MANCINI-KULICH, MICHELE NAME 22 NAME 2710 E. 122ND AVE. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33612** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE Change ☐ Addition TID F 6.2 NAME NAME 6.3 STREET ADORESS STREET ADORESS 64 CITY-ST-7IP CITY-ST-ZIF

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 codiate 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 one an arachment with an additional statute of the corporation of the corporation of the corporation of the receiver of trustee empowered.