

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000042219

1. Corporation Name

THE BEAUTY COTTAGE, INC.

Principal Place of Business	Mailing Address
162 SOUTHEAST 5TH AVENUE DELRAY BEACH FL 33483	162 SOUTHEAST 5TH AVENUE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0834232

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	NANCY ROMSTADT
82 Street Address (P.O. Box Number is Not Acceptable)	162 SE 5TH AVENUE
83 City	DELRAY BEACH
84 State	FL
85 Zip Code	33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Nancy Romstadt Nancy Romstadt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSTD  
 ROMSTADT, NANCY  
 162 SOUTHEAST 5TH AVENUE  
 DELRAY BEACH FL 33483
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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: Nancy Romstadt ROMSTADT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/14/99 (SEI) 274-7595  
 Date Daytime Phone #

CR2E034 (11/98)