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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043363

1. Corporation Name

STUDIO 110 HAIR & NAILS INC.

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

04-22-1999 90242 046 ***150.00



Principal Place of Business Mailing Address					- j IND 1800) (50 1810) (ŠVI) DOPIJ DOVIE DO	(() 08 ()) 9 (4)	10 11190 11110	A1199	
•			42 JOHN YOUNG PKWY. #110						
5342 JOHN YOUNG PKWY. #110 ORLANDO FL 32839		ORLANDO FL 32839					2105		
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			1
		1 2 44 10				05/11/1998 4. FEI Number			plied For
2. Principal Pl	ace of Business	. 2a. Mailing Address	_ =	ور	~ 	59-3508841_		_ 	t Applicable
21	и	26 Suite Ant # etc	Suite, Apt. #, etc.			31-33-68-11		\$8.75 A	
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	J	Fee Re	
22 City & State		City & State				6. Election Campaign Financing		\$5.00	May Re
¬ '		28				Trust Fund Contribution]	Added to	
23 Zip	Country		Zip Country			8. This corporation owes the current year Intangible			
24	25	29				Personal Property Tax.			
24]	9. Name and Address of Current					10. Name and Address of New Regis	stered Ag	jent	
. ,,=====				81	Name				l
REDDING, VIRGINIA			-	82	Street Addre	Iress (P.O. Box Number is Not Acceptable)			
	: JOHN YOUNG PKWY. #110 🙉 🗆			02	Olical Addic	uress (1.0, box regimbol to No. reaspitation)			
ORL	ANDO FL 32839			83					1
			-	84	City		~Т	85 Zip C	Code
					•	·	- FL		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was author 					-named corpo	ration submits this statement for the purp	cose of ch	anging its	registered gistered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	autnorized orida Statu	by t tes.	tne corporation	is board of directors. Thereby accept the	з аррони	none as reg	gistered
SIGNATURE		,						_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI		gent	t signature required		DATE		
12.	OFFICERS AND DIRECTORS 13.		_+			ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition
TITLE	PD	☐ DELETE	1.1 TIT		ļ		·	Criange	
NAME	redding, Virginia 5342 John Young Pkwy. #1		1.2 NA		Ì				
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CITY-ST-ZIP	ORLANDO FL 32839		1.4 CIT		7-ZIP			Change	☐ Addition
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NAME									
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NAME			1		ADDRESS !				}
STREET ADDRESS			5.4 CIT						
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NAME NAME			1		_ (= -			<u> </u>	
					ADDRESS	*			
STREET ADDRESS	}				T 71D				[

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 supplied ental 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 title 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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: