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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATION	FILED
DOCUMENT # P98000057 Corporation Name. DASIS TUN AND W	s63 Wil Salon, Inc.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
7137. N. Armenia Hue. 7 Suite A Tampa, Pl 33604 T	Aailing Address 137 N. Armenià Swite A Ampa, PL 330	DO NOT WRITE IN THIS SPACE  3. Date Incorporated of Qualified
2. Principal Place of Business  1 1 3 1 0 , Hrmunua Auge  Suite, Apt # Jetc.  A 27	1137 N. Armeni Suite Apt. #, etc.	4. FEI Number 35/95Z Applied For Not Applicable  5. Certificate of Status Desired  8.75 Additional Fee Required
City & State  2. Country  2. Country	City & State    Country   Country	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible
9. Name and Address of Current Reg	81 1	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent    Ame   1   1   1   1   1   1   1   1   1
7137 N. Armenia	the Stuten	SUITE A
TAMPA, PL 33 UC	H	FL 85 Zip Gode  amed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printight plante of registered agent and pits	P UP VU e if applicable. (NOTE: Registered Age(it sig	nature required when reinstating)  DATE
ITO4 BARCIAY ROLLINGER ADDRESS TOMBER OF PL 334	1.1 TILE 12 NAME 13 STREET AD	-170% M d = 221102
TITLE USPETITADETH D. KITSCHAME  1704 BAYCLAY B STREET ADDRESS TOMOD. 9. 33	DELETE 21 TITLE 22 NAME 23 STREET AD	Uice- President 17 reasurer change Daddition to Enymon Esteulz DRESS 4815 N. Premort
ITY-ST-ZIP ITTE  VAME  STREET ADDRESS	2.4 CITY-ST-2  DELETE  31 TITLE  32 NAME  33 STREET AD	Change Addition
OTY-ST-ZIP  ITTLE  VAME  STREET ADORESS	3.4. CITY-ST-2  DELETE 4.1 TITLE 4.2 NAME 4.3 STREET AD	3000029777339 -09/03/9901003003
CITY-ST-ZIP TITLE VAME STREET ADDRESS	44 CITY-ST-ZI DELETE 5.1 TITLE 5.2 NAME 5.3 STREET AD	Change Addition
THEE NAME	5.4 CTTY-ST-ZI  DELETE 6.1 TITLE 6.2 NAME	1

6.3 STREET ADDRESS

8.4 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 arrivate of the corporation of the receiver or trustee empowered. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813-931-0334

**AD**