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**Secretary of State**

04-19-1999 90038 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000082140</b>					
1. Corporation Name <b>D J'S HAIR &amp; NAIL BOUTIQUE, INC.</b>					
Principal Place of Business <b>8034 SR 54, BLDG 4, SUITE C NEW PORT RICHEY FL 34653</b>			Mailing Address <b>8034 SR 54, BLDG 4, SUITE C NEW PORT RICHEY FL 34653</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>8034 OLD C.R. 54</b> Suite, Apt. #, etc. 22 <b>Bldg. 4 SUITE C</b> City & State 23 <b>NEW PORT RICHEY, FL</b> Zip Country 24 <b>34653</b> 25 <b>PASCO</b>			2a. Mailing Address 26 <b>8034 OLD C.R. 54</b> Suite, Apt. #, etc. 27 <b>Bldg. 4 SUITE C</b> City & State 28 <b>NEW PORT RICHEY, FL</b> Zip Country 29 <b>34653</b> 30 <b>PASCO</b>		
9. Name and Address of Current Registered Agent <b>DOCTOR, JOANNE M 6414 GAINSBORO DR PORT RICHEY FL 34668</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PRESIDENT</b> 1.2 NAME <b>JOANNE M. DOCTOR</b> 1.3 STREET ADDRESS <b>6414 GAINSBORO DR.</b> 1.4 CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

*Joanne M. Doctor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99  
Date

(727) 375 8116  
Daytime Phone #

CR2E034 (11/98)