

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19523 (7)
1. Corporation Name
SHAMPOO ALLEY, INC.

Principal Place of Business: 169-B EGLIN PKWY., NE FT. WALTON BEACH FL 32548
Mailing Address: 169-B EGLIN PKWY., NE FT. WALTON BEACH FL 32548

FILED
98 JUL 28 AM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/17/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3040255	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATONEY, EDYTHE 122 BERGER PL., NE FT. WALTON BEACH FL 32548				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Edythe Atoney* (NOTE: Registered Agent signature required when reinstating) DATE: 6-23-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRIS, SHARI J.			1.2 NAME			
STREET ADDRESS	311 GLEN AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	VALPARAISO FL			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GEIGER, CARA L.			2.2 NAME			
STREET ADDRESS	122 BERGER PL, NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

35A 10th St
Shalimar, FL 32579

600002604815.6--5.
-07/31/98-01114--001
150.00

TS 9/20 two pages 98AR

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.

CR2E034 (10/97)

To Whom It May Concern,

We are very sorry that we failed to pay our corporation fee on time.

My partner Shau's Father & step Father died, and my Father died and also my sisters husband died a very long agonizing death from Cancer.

My daughter is mentally ill and has been causing me a great deal of problems, also my Father died leaving my mother with no insurance or benefits which

how this happened
except we had so much
on our minds. Please
forgive us and don't
charge us a late fee
as soon as we found
our oversight we tried
to pay right away. I
know you are very
important part of our
business again I am
sorry we will not
let this happen again

Sincerely
Carol K. Lutz
Shampoo Alley