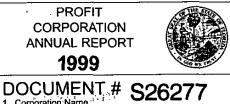
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90079 005 ***150.00

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DD SALONS, INC.

Mailing Address Principal Place of Business 7063 RADIO RD 7063 RADIO RD. NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/22/1991 4.~FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0216844 Not Applicable wanter 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year intangible Personal Property Tax: Yes 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Dianna Gunterman **GUNTERMAN, DIANNA** Street Address (P.O. Box Number is Not Acceptable) 3061 52ND STREET S.W. 7063 Radio NAPLES FL 34104 83 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 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. Dizuna Gunterman anna enterna (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13.

☐ Change DELETE 11 TITLE TITLE **GUNTERMAN, DIANNA** 1.2 NAME NAME 7063 RADIO RD. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME _ NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TIME.

4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP __ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME

5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 6.1 TITLE DELETE TITLE 62 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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

SIGNATURE:

STREET ADDRESS

on an attachment with an address, with all other like empowered

CR2E034 (11/98)