FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S45994** **(8)**

1. Corporation Name
M & S BEAUTY SUPPLY, INC.

Principal Place of Business
5751 MAIN ST N
SUITE 102
JACKSONVILLE FL 32208

Mailing Address
5751 MAIN ST N
SUITE 102
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: **04/16/1991**
3a. Date of Last Report: **07/05/1995**

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3072412** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ARNOLD, JOHN L.
919 E ADAMS ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: No change
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KIM, OK C.
STREET ADDRESS 243 WHISTLER SPRINGS COURT
CITY, ST, ZIP JACKSONVILLE FL
☐ DELETE

TITLE DS
NAME KIM, SONG C.
STREET ADDRESS 243 WHITSLER SPRINGS COURT
CITY, ST, ZIP JACKSONVILLE FL
☐ DELETE

TITLE DT
NAME KIM, HAK S.
STREET ADDRESS 243 WHISTLER SPRINGS COURT
CITY, ST, ZIP JACKSONVILLE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS No change
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS No change
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS No change
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an indication that I am an officer or director with respect to those addresses.

SIGNATURE: X _____ 3-9-96 (904)-356-6152
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)