

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90028 023 ***150.00

DOCUMENT # V47022

1. Corporation Name
INNER BEAUTY, INC.,

Principal Place of Business
8302 OAK FOREST CT.
#107
TAMPA FL 33615

Mailing Address
8302 OAK FOREST CT.
#107
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number
59-3125363

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 18205 Gulf Blvd

2a. Mailing Address

26 Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt #8

27

City & State

23 Redington Shores, FL

City & State

28

Zip

24 33708

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DIRCKS, TOMMI G
6105 MEMORIAL HWY, STE C
TAMPA FL 33615

Change
Address to

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4818 BLOOMINGDALE AVE

83

84 City

VACRICO

FL

85 Zip Code

33594

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 ☐ DELETE

TITLE DPST
NAME CALVERT, ANNETTE M.
STREET ADDRESS 6105 MEMORIAL HWY, STE C
CITY-ST-ZIP TAMPA FL

Change
Address

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 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 18205 Gulf Blvd #8
1.4 CITY-ST-ZIP Redington Shores, FL 33708

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

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, with all other like empowered.

SIGNATURE: ANNETTE CALVERT 4-6-99 727 319-9198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)