

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90019 048 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # V72227**

1. Corporation Name  
**UNIVERSAL HAIR REMOVAL SYSTEM, INC.**

Principal Place of Business  
**4601 W. KENNEDY BLVD.  
 SUITE #107  
 TAMPA FL 33609  
 US**

Mailing Address  
**P.O. BOX 1482  
 ST. PETERSBURG FL 33731  
 US**



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. | 10/12/1992                        |  |
| 22  | City & State        | 27  | City & State        | 4. FEI Number                     |  |
| 23  | Zip                 | 28  | Zip                 | 59-3159218                        |  |
| 24  | Country             | 29  | Country             | Applied For                       |  |
| 25  |                     | 30  |                     | Not Applicable                    |  |
| 9. Name and Address of Current Registered Agent                         |                     | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                     |                                   |  |
| SIMPSON, WILLIAM H.<br>6045-2 CALAIS BLVD. N<br>ST. PETERSBURG FL 33714 |                     | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |                     |                                   |  |
|   |                     | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     |                                   |  |
|   |                     | 81 Name   |                     |                                   |  |
|   |                     | 82 Street Address (P.O. Box Number is Not Acceptable)   |                     |                                   |  |
|   |                     | 83  |                     |                                   |  |
|   |                     | 84 City   |                     |                                   |  |
|   |                     | 85 Zip Code   |                     |                                   |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | CD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMPSON, WILLIAM H.                | 1.2 NAME  |   |
| STREET ADDRESS             | 6045-2 CALAIS BLVD.                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST. PETERSBURG FL                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DP <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMPSON, MARY R                    | 2.2 NAME  |   |
| STREET ADDRESS             | 6045-2 CALAIS BLVD.                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST. PETERSBURG FL                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMPSON, WILLIAM H.                | 3.2 NAME  |   |
| STREET ADDRESS             | 6045-2 CALAIS BLVD.                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST. PETERSBURG FL                  | 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                                       |   |

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: W.H. Simpson Date: 2/24/99 Daytime Phone #: 813-286-3636

CR2E034 (11/98)