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

FILED Mar 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 655778 (9)CINDY'S BEAUTY SALON, INC. Principal Place of Business Mailing Address 4550 JONESBORO ROAD 4550 JONESBORO ROAD UNION CITY GA 30291 UNION CITY GA 30291 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1980 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 Not Applicable 26 59-1997323 Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. [] Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, OLIVER 2560 N ST RD 7 82 Street Ar ass (P.O. Hox Number is Not Acceptable) LAUDERDALE LAKES FL 33313 **B3** 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above purpose of changing its registered office or registered pent, 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 family with, and accept the obligations of the corporation Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.5 TITLE JOHNSON, CYNTHIA NAME 1.2 NAME 110 SCARLETT OAK WAY STREET ADDRESS 1.3 STREET ADDRESS FAIRBURN GA CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ■ Addition TITLE VTM JOHNSON, OLIVER 2.2 NAME NAME 110 SCARLETT OAK WAY STREET ADDRESS 2.3 STREET ADDRESS FAIRBURN GA CITY-ST-ZIP 2. 4 CITY - ST - ZIP Secretary Johnson DELETE Addition 3.1 TITLE TITLE NAME 110 Scarlett Oad Way 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 30213 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with any address.

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS** 

TITLE NAME

STREET ADDRESS

DELETE

Change

Addition