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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J23339 1. Corporation Name

HAIR DIS	SCOVERY, INC.								
Principal Place	e of Business	Mailing Address				irkin isti ekati ainii s	(8)(8)8() D)	(8)) AIA)((84)	
Principal Place of Business 8559 NW 186TH ST HIALEAH FL 33015 Mailing Address 15131 NORFOLK LANE DAVIE FL 33331					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife				L
					07/08/1986	- 	نىنىس ى رىن	المتحشد شد	
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Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_ \$	8.75 A		27
22		27			5. Certifcate of Status Desired		Fee Red		
City & State	ie .	City & State			6. Election Campaign Financing		55.00	May Re	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	rrent vear Intangit	ole	,	
24	25	29	30		Personal Property Tax.			I No ∣	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New	Registered Ager	nt	•	
		•		81 Name	•				
	ZKO, DIANA			82 Street Addr	ress (P.O. Box Number is Not Accep	table)			
	31 NORFOLK LANE			oz Sileer Addin	ess (F.O. Dox Number is Not Accep	table)	· d	1011 for 156.	
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				84 City		FL 8	Zip C	ode	
	2.					:			
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the at	ove-named corpo	oration submits this statement for th	e purpose of char	iging its r	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was au	thorized	by the corporation	oration submits this statement for th on's board of directors. I hereby according	e purpose of char ept the appointme	iging its r nt as reg	registered jistered	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90065 031 ***150.00

954-6803948