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

DOCUMENT # S90601 1. Corporation Name

HAIR BY MARIE BERNARD, INC.

Principal Place of Business

300 E. PALMETTO PARK ROAD BOCA RATON FL 33432 Mailing Address

300 E. PALMETTO PARK ROAD BOCA RATON FL 33432

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90033 044 ***158.75



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 10/29/1991			
		1 2 2 11 11 11 11 11			4. FEI Number	Ann	lied For	
Principal Place of Business 2a. Mailing Address					1 77	<u> </u>	Applicable	
26					65-0294776			
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ad		
27					3. Contracts of States Seemen	Fee Req	uired	
City & State City & State					6. Election Campaign Financing	\$5.00 N	May Be	
					Trust Fund Contribution	Added to	Fees	
23	Country Zip Coun			 	8. This corporation owes the current year In	tangible		
Zip				•	Personal Property Tax.	☐ Yes [⊐No Í	
24 25 29 30				10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		1"	10. Name and Address of New Registered	Agent		
	· · · · · · · · · · · · · · · · · · ·		81	Name				
BERNARD, MARIE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
300 W PALMETTO PARK ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432				83				
DUUM RATUR FL 33432			63		· · · · · · · · · · · · · · · · · · ·	問問制的	## 1425 (Z);	
3.00	•		84	City		85 Zip C	odě	
				1	FI	.		
HAND THE ST	to the provisions of Sections 607 0507	and 607 1508. Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose of one's board of directors. I hereby accept the appr	f changing its r	egistered	
					on's board of directors. I hereby accept the appo	intment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	3.				
SIGNATURE					·			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature require	ed when reinstating) 15.3 (DATE			
12.	AFFIGERS AND DIRECTORS 42				ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	BERNARD, MARIE		1.2 NAME					
				TADDRESS	,			
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NAME			2.2 NAME					
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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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

561-395-2341

aylime Phone #

32E034 (11/98)