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 # P97000093441

1. Corporation Name

5 51AH	H BARBER SHUP, INC.						
Principal Place	e of Business	Mailing Address	-			11 44 11 4 14184 4111 4141 4	1881 1181 1891
	STREET, SOUTH	980 LINDA RD.					
BELLE GLADE FL 33430 BELLE GLADE FL 33430				DO NOT WRITE IN THIS SPACE			
!						THIS SPACE	
Į.					3. Date Incorporated or Qualifed		
					10/30/1997		olied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 	Applicable
21		26			65-0817797	\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec		
City & Stat	е	City & State	·	7	6. Election Campaign Financing	*5.00 h	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip)	Country	Zip	Country	/	8. This corporation owes the current y		
24 !	25	25 29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Regis	tered Agent	
			81	Name			
RAMOS, WENDY			82	Street Add	iress (P.O. Box Number is Not Acceptable)		-
980 LINDA RD.				000	,		
BELLE GLADE FL 33430			83				
	•		84	City.		85 Zip C	ode.
i	•		04	City		FL " Z "	1
Affina ar i	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Florid	nonzeo oy la Statute:	s.	poration submits this statement for the purp tion's board of directors. I hereby accept the red when reinstating)	e appointment as reg	jistered
40	Signature, typed or printed name of registered agent		13.	in signaturo ruqui	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	DELETE 1.1 TI				☐ Change	Addition
		-	1.2 NAME				
NAME	RAMOS, ELIAS JR		1	T ADDRESS			Į
STREET ADDRESS	980 LINDA ROAD	OC ENDA NOAD		ST-ZIP			
CITY-ST-ZIP.	BELLE GLADE FL 33430	□ DELETE 2.1		51-ZIP		☐ Change	Addition
TITLE	D DAMES PARSARA						
NAME .	MillOO, DAILDAIN		2.2 NAME	ET ADDRESS			- 1
STREET ADDRESS	000 (1				
CITY-ST-ZIP	BELLE GLADE FL 33430	DELETE .	2.4 CITY- 3.1 TITLE	SI-ZIP		t ☐ Change	Addition
TITLE !	D DAMOG WENDY		3.2 NAME				_
NAME !	RAMOS, WENDY			ET ADDRESS			ļ
STREET ADDRESS							
CITY-ST-ZIP.	BELLE GLADE FL 33430			ST-ZIP		☐ Change	Addition
TITLE ,			4.1 TITLE 4.2 NAME	.			_
NAME '	(·			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	51-ZIP		☐ Change	Addition
TITLE		□ nere ie	5.1 IIILE 5.2 NAME	1			
NAME .	1			ET ADDRESS			
STREET ADDRESS		•	5.4 CITY-		,		Ì
CITY-ST-ZIP			5.4 CHY-	31-47			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

☐ Addition

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90004 032 ***150.00