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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9600062054

STYLISH CUTS, INC.

	e of Business	Mailing Address			•		
9585 SOUTHER	IN BLVD	1801 SOUTH FLAGLER	R DRIVE				
ROYAL PALM BEACH FL 33411		SUITE M-01			DO NOT HIDITE IN THIS CRASE		
		WEST PALM BEACH F	L 33401		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/24/1996	1 1	=
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied F	
21		26			65-0683300	Not Appli	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired.	\$8.75 Addition Fee Required	nal
22		27		·		<del></del>	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May 8	
23		28			Trust Fund Contribution	Added to Fee:	s
Zip	Country	Zip	Count	try	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.	∠ZYes □No	<u> </u>
	9. Name and Address of Cur	rent Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent	
			{   {	Name			
l	RILAWYER CHARTERED		<u> </u>	32 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del> -	
	ALMERIA AVENUE		1	Silest Add	(1.0. Dox Hambal Is Hat Hasepiasis)		_
COR	RAL GABLES FL 33134		1	33			
			Ĺ		<u></u>	- I	
			18	34 City	· F	85 Zip Code	
44 Burning	to the provisions of Sections 607/	0502 and 607 1508 Florida S	tatutes the abo		poration submits this statement for the purpose		ered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change w	as authorized t	by the corporati	ion's board of directors. I hereby accept the app	ointment as registere	ed
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505	, Florida Statut	es.			
SIGNATURE					ed when reinstating) DATE	<del></del>	_
	Signature, typed or printed name of registered	<del></del>		gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	112
12.	PSTD	AND DIRECTORS	13. E 1.1 TITU	E ,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	Pain				, <i>t</i> .		Addition
NAME	AL DAME LILICOAIN				•		Addition
	AL-RAWI, HUSSAIN	# OUTE N 04	1.2 NAM	J	,		Addition
STREET ADDRESS	1801 SOUTH FLAGLER DRIV			EET ADDRESS			Addition
STREET ADDRESS  CITY-ST-ZIP		01	1.3 STRI 1.4 CITY	EET ADDRESS '-ST-ZIP			<del></del>
***************************************	1801 SOUTH FLAGLER DRIV		1.3 STRI 1.4 CITY	EET ADDRESS '-ST-ZIP	<u> </u>	☐ Change ☐	Addition
CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV	01	1.3 STRI 1.4 CITY	EET ADDRESS '-ST-ZIP E	:	☐ Change ☐	<del></del>
CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01	1.3 STRI 1.4 CITY E 2.1 TITU 2.2 NAM	EET ADDRESS '-ST-ZIP E		☐ Change ☐	<del></del>
CITY-ST-ZIP TITLE NAME	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01	1.3 STRI 1.4 CITY E 2.1 TITU 2.2 NAM 2.3 STRI	EET ADDRESS '-ST-ZIP E			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01	1.3 STRI 1.4 CITY E 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	EET ADDRESS  '-ST-ZIP  E  IE  EET ADDRESS  Y-ST-ZIP			<del></del>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI 1.4 CITY E 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY	EET ADDRESS '-ST-ZIP E IE EET ADDRESS Y-ST-ZIP E			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY E 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY E 3.1 TITU 3.2 NAM	EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STRI  3.3 STRI  3.3 STRI	EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS EET ADDRESS			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY E 2.1 TITL  2.2 NAM  2.3 STRI  2.4 CITY E 3.1 TITL  3.2 NAM  3.3 STRI  3.4. CITY	EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP		☐ Change ☐	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STR  3.4 CITY  E 4.1 TITLI  E 4.1 TITLI	EET ADDRESSST-ZIP E		☐ Change ☐	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STR  3.4. CITY  E 4.1 TITLI  4.2 NAM	EET ADDRESSST-ZIP E EMÆ		☐ Change ☐	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STRI  3.4. CITY  E 4.1 TITLI  4.2 NAM  4.3 STRI  4.3 STRI  4.3 STRI  4.3 STRI  4.3 STRI  4.3 STRI  5.4 CITY  6.4 STRI  6.5 STRI  7.5 STRI  7.6 STRI  7.7	EET ADDRESS  '-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EAT ADDRESS  H  EET ADDRESS		☐ Change ☐	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	O1 DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STR  3.4 CITY  4.1 TITLI  4.2 NAM  4.3 STR  4.4 CITY  4.4 CITY	EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E E-ET ADDRESSST-ZIP E		Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	01 □ DELETI	1.3 STRI 1.4 CITY E 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STR 3.4 CITY 4.2 NAM 4.3 STR 4.4 CITY E 5.1 TITLI	EET ADDRESS  '-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  (-ST-ZIP  E		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	O1 DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STR  3.4 CITY  4.2 NAM  4.3 STR  4.4 CITY  E 5.1 TITLI  5.2 NAM	EET ADDRESS  '-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  -ST-ZIP  E  EIE		Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	O1 DELETI	1.3 STRI  1.4 CITY  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.1 TITLI  3.2 NAM  3.3 STR  3.4 CITY  4.2 NAM  4.3 STR  4.4 CITY  E 5.1 TITLI  5.2 NAM	EET ADDRESS  '-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  (-ST-ZIP  E		Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1801 SOUTH FLAGLER DRIV WEST PALM BEACH FL 334	O1 DELETI	1.3 STRI  1.4 CITY  E 2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CITY  3.2 NAM  3.3 STRI  3.4 CITY  4.2 NAM  4.3 STRI  4.4 CITY  E 5.1 TITLI  5.2 NAM  5.3 STRI	EET ADDRESS  '-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  -ST-ZIP  E  EIE		Change Change	Addition  Addition

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 path; 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 an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/99 753-68

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90258 042 \*\*\*150.00

32E034 (11/98)