## 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 # 372198 1. Corporation Name DONN'S HAIR FASHIONS INC

DOININ 3	TAIN FASTIUNS, INC.						
Principal Place	e of Business	Mailing Address					#1811 B1511 1621
1408 CAPE CORAL PARKWAY 1408 CAPE CORAL PARKWAY			WAY				
CAPE CORAL FL 33904 CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE			
						STACE	
					3: Date incorporated or Qualifed 01/01/1971		1
	(5)	On Maritin Address			4. FEI Number	T Ar	oplied For
	lace of Business	2a. Mailing Address			59-1083960	<u> </u>	ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.					Additional
<b>─</b> ''	#, etc.	27			5. Certificate of Status Desired		equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23	~	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In	ıtangible	,
24	25	29	30		Personal Property Tax.	☐Yes	ΣΝο
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	l Agent	
				81 Name			•
	NABENE, JOSEPH P.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
4702 SW 25TH CT.			-	Street Address (P.O. Box Number is Not Acceptable)		·	
CAPI	E CORAL FL 33914			83			
				84 City		85 Zip	Code
					FI.	<b>-</b>     `	i
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State in amiliar with, and accept the obliging	of Florida, Such change was	authorized	l by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	pintment as re	egistered
SIGNATURE	Local loval	rene - +05 Cph	100	enabons		<u> 3/3/</u>	99
SIGNATURE	Signature, typed or conted hame of registered age	ant and title if applicable. (NOT	100			3/3/	99 DRS IN 12
SIGNATURE	Signature, typed or conted hame of registered age	rene - +05 Cph	TE: Registered	Agent signature require	ed when reinstating) DATE	3/3/ ND DIRECTO	PORS IN 12
SIGNATURE  12.  TITLE	Signification, typed or instead hame of registered age OFFICERS AI	ant and title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating) DATE		
SIGNATURE  12.  TITLE  NAME	Signification, typed or annead hame of registered age OFFICERS AI TORNABENE, JOSEPH P.	ant and trile if applicable. (NOT ND DIRECTORS	13. 1.1 TII	Agent signature require	ed when reinstating) DATE		
SIGNATURE  12. TITLE NAME STREET ADDRESS	Styfiture, typed or innted frame of registered age OFFICERS AI TORNABENE, JOSEPH P. 4702-9W-25TH CT. 41,02	ant and trile if applicable. (NOT ND DIRECTORS	13. 1.1 TII 12 NA 1.3 ST	Agent signature require TLE IME REET ADDRESS	ed when reinstating) DATE		
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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 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:** 

NAME

STREET ADDRESS

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90068 031 \*\*\*150.00