**FILED** 

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## 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 # 516621

JOYCE A	and mae's beauty saloi	N, INC.									
Principal Place	e of Business	Mailing Address				1	i i <b>ddidi b</b> ir <b>d</b> i cibin dille dirib a	981 1181 EHBU DID		ALĐŲI DIBIL IDDI	
4338 DULME RD MADEIRA BEACH FL 33708 US  4338 DULME RD MADEIRA BEACH FL 33708 US							DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed				
						<u> </u>	10/09/1976			and Fee	
2. Principal Place of Business 2a. Mailing Address							FEI Number			pplied For ot Applicable	
21 26							<u>59-1696037</u>			Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired			equired	
22							Election Campaign Financing			May Be	
						٥.	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	rv		R	This corporation owes the cun	ent vear Inta			
24	25		30	•		•	Personal Property Tax.		Yes	□No	
24	9. Name and Address of Curren		<del></del>			10.	Name and Address of New I	Registered A	gent		
			8	и	Name						
SPITALERI, CLAUDETTE M 7053 FORESTVIEW TERR. N.				12	Street Addre	ss (P	O. Box Number is Not Accept	able)			
ST. PETE FL 33709			8	13							
			8	14	City			FL	85 Zip	Code	
44 5	to the provisions of Sections 607.050	0 1 CO7 4508 Florida Ctabuta	a the obe		named como	rotion	cubmits this statement for the	numose of c	hanging its	s registered	
office or n	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	itnorizea t	yτn	ne corporation	n's bo	pard of directors. I hereby acce	pt the appoint	ment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE:	Registered A	nent s	signature required	when n	eiostating)	DATE			
12.		ID DIRECTORS	13.	go		7	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	 E					Change	☐ Addition	
NAME	SPITALERI, CLAUDETTE M		1.2 NAM	Ε						Į.	
STREET ADDRESS	TARA CONFORMENT TERRO N		1.3 STREET ADDRESS		DORESS						
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY	-ST-2	ZIP		•				
TITLE	,	☐ DELETE	2.1 TITL	E					☐ Change	☐ Addition	
NAME			2.2 NAM	2.2 NAME							
STREET ADDRESS			2.3 STR	EETA	DDRESS						
CITY-ST-ZIP-			2.´4 CIT	r-ST-	ZIP - ~						
TITLE	☐ DELETE 3.			E					☐ Change	. 🗔 Addition	
NAME	32		3.2 NAM	3.2 NAME							
STREET ADDRESS			3.3 STR	EET A	DDRESS					ì	
CITY-ST-ZIP			3 4, CIT	Y- \$T-	ZIP						
TITLE -	☐ DELETE 4.1 T			1 TITLE					☐ Change	Addition	
NAME _ \	4.21		4. 2 NA	. 2 NAME						\	
STREET ADDRESS			4.3 STR	EET A	NDDRESS					:	
CITY-ST-ZIP	;		4.4 CITY	-ST-	ZIP		,				
TITLE	٤	☐ DELETE	5.1 TITL						Change	☐ Addition	
NAME '			5.2 NAM							,	
STREET ADDRESS			5.3 STR	EETA	DORESS						
CITY-ST-ZIP			54 CITY		ZIP						
TITLE		☐ DELETE	6.1 TITL						☐ Change	☐ Addition	
NAME			6.2 NAM								
STREET ADDRESS			6.3 STR	EETA	ADDRESS						

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 supplied annual report is type 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 eceiver or tastee employered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the corporation of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption of the corporation of the exemption of the exemp

6.4 CITY-ST-ZIP

SIGNATURE: