

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

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

05-10-1999 90196 047 ***150.00

DOCUMENT # 619968

1. Corporation Name

CAPRICE HAIR FASHIONS, INC.

Principal Place of Business

5054 S.E. FEDERAL HWY
STUART FL 34997

Mailing Address

5054 S.E. FEDERAL HWY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1979

4. FEI Number

59-1917686

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 CAPRICE HAIR FASHIONS
Suite, Apt. #, etc.

26 5054 SE FED HWY
Suite, Apt. #, etc.

22 5054 SE FED HWY
City & State

27
City & State

23 STUART FL
Zip Country

28 STUART FL
Zip Country

24 34997 25 MARTIN

29 34997 30 MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACLAY, DEE
5054 SE FEDERAL HWY
STUART FL 34997

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert Murray

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME AMENTO, ANTHONY JR
STREET ADDRESS 4908 S.E. SALVATORI RD
CITY-ST-ZIP STUART FL 33997

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME MACLAY, DEE
STREET ADDRESS 4908 S.E. SALVATORI RD
CITY-ST-ZIP STUART FL 33997

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ 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 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:

Robert Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99
Date

561-283-1912
Daytime Phone #

CR2E034 (11/98)