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

PROFIT CORPORATION. ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 09, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-09-1999 90048 021 ***150.00

DIMENSIONAL HAIR, INC.	
Principal Place of Business Mailing Address	#II #38II BIBII 188I
221-C W.WATERS AVE. 221-C W.WATERS AVE.	
C/O DOLORES M. ALONSO C/O DOLORES M. ALONSO	,
TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed	-
06/01/1981	
Z. Through the or business	Applied For
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Not Applicable 5 Additional
5 Certificate of Status Desired 11	Required
22 21	00 May Be
	ed to Fees
23 Trust Fund Contribution Added Zip Country Zip Country 8, This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
ALONSO, DOLORES M.	
221-C W.WATERS AVE. 82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33604 83	
	- O-do
84 City FL 85 Z	ip 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered registered
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE