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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 # F69243**

<ol> <li>Corporation</li> </ol>	Name									
SEBASTIAN HAIRSTYLING, INC.										
							i 1 <b>90</b> i 1 <b>00</b> i 110 oli 110			
Principal Place of Business Mailing Address										
% EDWARD BRUCE ADLER % EDWARD BRUCE ADLER										
1323 N CENTRAL AVENUE 1323 N CENTRAL AVENUE							DO NOT WRITE IN THIS SPACE			
SEBASTIAN FL 32958 SEBASTIAN FL 32958							3. Date Incorporated or Qualifed			
						".	03/02/1982		ĺ	
2 Principal Pi	ace of Business	2a. Mailing Address				4.	FEI Number	- Ap	plied For	
21	ace of Eddiness	26					59-2167738	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					_	\$8.75		
22		27				5.	Certifcate of Status Desired	Fee Re	equired	
City & State	9	City & State				6.	Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the current year Ir		4/	
24	25		30			<u></u>	Personal Property Tax.	Yes	EM6	
Name and Address of Current Registered Agent				81	Name	10.	Name and Address of New Registered	Agent		
VDI E	ER, EDWARD BRUCE			۰۱	Name					
1323 N CENTRAL AVENUE			[	82 Street Address (P.O. Box Number is Not Acceptable)						
SEBASTIAN FL 32958				83						
SEDASTIAN PL 32930				03						
			Ī	84	City		FI	85 Zip (	Code	
		DD I COZ 4EOD Elada Piatria	- the ele		nomed corpo	ration	n submits this statement for the purpose of		registered	
office or a	egistered agent, or both, in the State	of Florida. Such change was au	ithonzea	DV t	tne corporatior	n's bo	pard of directors. I hereby accept the appo	intment as re	gistered	
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statu	ites.	•					
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE:	Registered /	Agent	t signature required	when r	einstating) DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	S	☐ DELETE	1.1 TITI	LE			**	Change	Addition	
NAME	ALDER, WILMA DOROTHY		1 2 NA	ME						
STREET ADDRESS	1323 N CENTRAL AVE		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	SEBASTIAN, FL 00000			1.4 CITY-ST-ZIP						
TITLE	DP □ DELETE		2.1 TIT	2.1 TITLE				☐ Change	☐ Addition }	
NAME	ADLER, EDWARD BRUCE		2.2 NA	ME.						
STREET ADDRESS	1323 N CENTRAL AVE		2.3 ST	REET	ADDRESS				,	
CITY-ST-ZIP	SEBASTIAN, FL 00000			2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE		3.1 TIT	3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STI	REET.	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	T-ZIP					
TITLE	-	☐ DELETE	4,1 TIT	LE				☐ Change	☐ Addition	
NAME			4. 2 NA	ME					ļ	
STREET ADDRESS			4.3 STI	RÉET.	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	r-zip					
TITLE		☐ DELETE	5.1 TIT					☐ Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT		T-ZIP				- Addison	
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition	
NAME			6.2 NA	ME						

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

STREET ADDRESS

361.589-7875