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FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H04030

(3)

1. Corporation Name

P. W.'S HAIR STYLIST, INC.

Principal Place of Business

Mailing Address

% WALLACE SANDS
15121 CARTER ROAD
DELRAY BACH FL 33446

% WALLACE SANDS
15121 CARTER ROAD
DELRAY BACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1984

4. FEI Number

59-2463102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 15121 Jog Rd.

26 15121 Jog Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Delray Beach, Fl.,

28 Delray Beach, Fl.

Zip

Country

Zip

Country

24 33446

25 Palm Beach

29 33446

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDS, WALLACE
15121 CARTER ROAD
DELRAY BEACH FL 33446

81 Name

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

15121 Jog Rd.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME SANDS, WALLACE
STREET ADDRESS 9264 N.W. 60TH STREET
CITY-ST-ZIP TAMARAC FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SANDS, GLADYS
STREET ADDRESS 9264 N.W. 60TH STREET
CITY-ST-ZIP TAMARAC FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME SANDS, PAMELA
STREET ADDRESS 9264 N.W. 60TH STREET
CITY-ST-ZIP TAMARAC FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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.

SIGNATURE: *Wallace Sands* SIGNATURE WALLACE SANDS

1/18/98 (561) 499-2600

CR2E034 (10/97)