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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H07320 1. Corporation Name

FOXY LADY HAIR DESIGN, INC.

Principal Place of Business		Mailing Address					
C/O INGA VIRZI		C/O INGA VIRZI					
7423 N.W. 57TH STREET		7423 N.W. 57TH STREET		DO NOT WRITE IN THIS SPACE			
TAMARAC FL 33319		TAMARAC FL 33319		3. Date Incorporated or Qualifed			
					06/11/1984	"	
2 Oringinal P	lace of Rueiness	2a. Mailing Address			4. FEI Number	An	plied For
2. Principal Place of Business		26		59-2455865	i	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
Suite, Apr. #, etc.		27		5. Certifcate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Re	
23		28		Trust Fund Contribution	Added to	· .	
Zip	Country	Zip Country		y	8. This corporation owes the cu	rrent year Intangible	
24	25	29 30			Personal Property Tax.		
	9. Name and Address of Cu	rrent Registered Agent	` '		10. Name and Address of New	Registered Agent	
			81	Name			
	I, INGA		82	Street Addr	ress (P.O. Box Number is Not Accep	stable) *	
7423 N.W. 57TH STREET TAMARAC FL 33319			02	. Direct Addi	at Address (P.O. Box Number is Not Acceptable)		
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			84	City)
office or t	egistered agent or both in the St	late of Florida. Such change was a	uthorized by	/ the corporation	poration submits this statement for the on's board of directors. I hereby according	e purpose of changing its ept the appointment as reg	registered gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Si rm familiar with, and accept the ob- Signature, typed or printed name of registered	tate of Florida. Such change was all oligations of, Section 607.0505, Floring agent and title if applicable. (NOTE:	uthorized by rida Statutes Registered Age	the corporations.	on's board of directors. I hereby account of the state of	ept the appointment as rec	gistered
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6.4 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. SIGNATURE:

CITY-ST-ZIP

JOSEPH VIRZI

1/16/99

(954) 722-5522

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90001 039 ***150.00

Daytime Phone #