

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
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DOCUMENT # H33759

1. Corporation Name
INTERNATIONAL HAIR GALLERY, INC.

Principal Place of Business 33951 U S 19 N SUITE #6-B PALM HARBOR FL 34684 US	Mailing Address 33951 U S 19 N SUITE #6-B PALM HARBOR FL 34684 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SMERECZYNSKY, RITA
1210 CROSSBOW LANE
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

12/12/1984

4. FEI Number

59-2893702

Applied For

No Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0501 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

(NO) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD
NAME	SMERECZYNSKY, RITA
STREET ADDRESS	1210 CROSSBOW LANE
CITY-STATE-ZIP	TARPON SPRGS FL

TITLE	VPD
NAME	SMERECZYNSKY, JAMES
STREET ADDRESS	1210 CROWBOW LANE
CITY-STATE-ZIP	TARPON SPRGS. FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Rita Smereczynsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)