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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90027 038 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # H83615

. Corporation Name

Principal Place of Business

SIGNATURE:

FOUNTAINS II, HAIR DESIGNS, INC.

161 LAKEWORT AKE WORTH FI	_ 33467	C/O CHRISTINE A. FITZPATRI 7161 LAKEWORTH RD. LAKE WORTH FL 33467	CK			DO No. 3. Date incorporated or C. 11/01/1985 4. FEI Number	OT WRITE IN THI Qualifed		lied For	n
2. Principal Pla	ace of Business	2a. Mailing Address				59-2627562	•		Applicable	-
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	esired 🗆	\$8.75 A Fee Red		• •
City & State		City & State				6. Election Campaign Fir	nancing	\$5.00	May Be	
Tony a state		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Count	гу		8. This corporation owes	the current year I		_	
a]	25	29 30	0			Personal Property Tax			□No	
··	9. Name and Address of Curre	nt Registered Agent				10. Name and Address	of New Registere	d Agent		
			8	1 Naπ	е .					
	PATRICK, CHRISTINE A. WINDING WOODS DR.		8	2 Stre	et Addre	ess (P.O. Box Number is No	t Acceptable)			
LAKE	WORTH FL 33467		Ē	13		13703 44	计算线集集			
	to the provisions of Sections 607.05			4 City	_			85 Zip C	ode '	
agent, I ar	n familiar with, and accept the oblig									
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	egistered A			oration submits this statements in statements board of directors. I here when reinstating)	/ DATE	AND DIRECTO	PS IN:12	66
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered A	gent signati		d when reinstating)	/ DATE	AND DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agr OFFICERS A PST	ent and title if applicable. (NOTE: R	egistered A	gent signatu		d when reinstating)	/ DATE	AND DIRECTO	RS IN 12	4 (11/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A PST FITZPATRICK, CHRISTINE A.	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1,1 TITL	gent signatu E	re required	d when reinstating)	/ DATE	AND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agr OFFICERS A PST	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signatu E IE EET ADDRE	re required	d when reinstating)	/ DATE	AND DIRECTO	RS IN 12	22F034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A PST FITZPATRICK, CHRISTINE A.	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT	gent signatu E IE EET ADDRE	re required	d when reinstating)	/ DATE	Change	Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A PST FITZPATRICK, CHRISTINE A. 9307 WINDING WOODS DR	ent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITC 2.1 TITL	gent signatu E IE EET ADDRE	re required	d when reinstating)	/ DATE	AND DIRECTO Change	RS IN 12 Addition	CB2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS A PST FITZPATRICK, CHRISTINE A. 9307 WINDING WOODS DR	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW	gent signatu E E EET ADDRE '- ST- ZIP E	re required	d when reinstating)	/ DATE	Change	Addition	CR2E034 (11/98)
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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 chapted or or an attachment with an address, with all other like empowered.