PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE-

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

	MENT # J73572						
WICHAE	L HAIR & COMPANY						
Principal Place	e of Business	Mailing Address	·		818 1184 01914 01011 01843 01011 0	HAM (HAM 1831	
1009 S. UNIVE		1009 S. UNIVERSITY DRIVE					
PLANTATION F		PLANTATION FL 33324					
ļ					TE IN THIS SPACE		
				3. Date incorporated or Qualifed 05/18/1987			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Api	plied For	
21		26		59-2807505	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22 .		27		5. Obtained of Glates Dosaid	Fee Re	quired	
City & State	9.	City & State		6. Election Campaign Financing	⊸ □~ \$5.00		
23		28		Trust Fund Contribution	Added t	O.Fees	
Zip	Country	⊢ Zip	Country +	8. This corporation owes the cur		□N ₀	
24	25		<u> </u>	Personal Property Tax. 10. Name and Address of New		<u> </u>	
	9. Name and Address of Current	t Registered Agent	81 Name				
GHN	ICHEN: SELWYN W	er a sa sa a		Michael. Baia			
9575 WELDOM CIRCLE			82 Street	Address (P.O. Box Number Is Not Accept		1	
C-109		83	GOY S UNIVERS	Ity Drive			
	ARAC FL 33321		63				
(Alle	AINO I E SOSEI		84 City	210 10 10	85 Zip C		
		A LOST ACOS CO III CONTRA		19h farton	FL 3	registered	
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State (2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-named of horized by the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment as rec	pistered	
egent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505. Florid	la Statutes.		-/ulaa		
,			-17 1117		1 / 14/ (*/		
SIGNATURE	MICHARI DAYARD	_		and the	3/17/99 DATE	/	_
	MICHAEL BAIAND Signature, typed or printed name of registered agen	t and bile if applicable. (NOTE: A	tegisteridi Agent signéture re	contract which reinstating) ·	DATE	/	(38)
12.	MICHAEL BHARD Signature, typed or printed name of registered agen OFFICERS AN	t and bile if applicable. (NOTE: A	tegislereli Agent signéture re	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	1	(11/98)
\$2.	MICHAEL BAARD Signature, typed or printed name of registered agent OFFICERS AN	n and title if applicable. (NOTE: A	negistereti Agent signéture re 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12	34 (11/98)
12. TIFLE NAME	Signature, typed or perited name of registered agent OFFICERS AN P BAIARDI, MICHAEL	n and title if applicable. (NOTE: A	13.	ADDITIONS/CHANGES TO OF Baiards Michae 1999 S Universit	FICERS AND DIRECTOR Photographics 1 127.	RS IN 12	E034 (11/98)
12. TIFLE NAME STREET ADDRESS	Bigueture, typed or perited name of registered agent OFFICERS AN P BAIARDI, MICHAEL 7129 W. BROWARD BLVD	n and title if applicable. (NOTE: A	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12	R2E034 (11/98)
12. TIFLE NAME	Signature, typed or perited name of registered agent OFFICERS AN P BAIARDI, MICHAEL	n and title if applicable. (NOTE: A	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF Baiards Michae 1999 S Universit	FICERS AND DIRECTOR Photographics 1 127.	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bigueture, typed or perited name of registered agent OFFICERS AN P BAIARDI, MICHAEL 7129 W. BROWARD BLVD	T and bid if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF Baiards Michae 1999 S Universit	DATE FICERS AND DIRECTOR Photograph 1 1 1 1 1 1 1 1 3 3 3 3 4	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	Bigueture, typed or perited name of registered agent OFFICERS AN P BAIARDI, MICHAEL 7129 W. BROWARD BLVD	T and bid if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE	ADDITIONS/CHANGES TO OF Baiards Michae 1999 S Universit	DATE FICERS AND DIRECTOR Photograph 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RS IN 12	CR2E034 (11/98)
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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

954.4766727

May 03, 1999 8:00 am Secretary of State

05-03-1999 90078 012 ***150.00