

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

DOCUMENT # K09559

1. Corporation Name

HAIR DYNAMICS OF THE TREASURE COAST, INC.

Principal Place of Business

259 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410
US

Mailing Address

259 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 33025

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

MARUSZCAK, ROBERT F
259 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1987

4. FEI Number

65-0045769

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MARY D. MARUSZCZAK

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

259 Kelsey Park Circle

83

84 City

Palm Beach Gardens FL

85 Zip Code

33410

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 MARY D. MARUSZCZAK

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-5-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME MARUSZCAK, ROBERT F.
STREET ADDRESS 259 KELSEY PARK CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ DELETE

TITLE D
NAME MARUSZCAK, MARY D.
STREET ADDRESS 259 KELSEY PARK CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P MARY D. MARUSZCZAK ☒ Change ☐ Addition
259 Kelsey Park Circle
Palm Beach Gardens, FL 33410 ☐ Change ☐ Addition

S/D; V/T/D
MARY D. MARUSZCZAK
259 Kelsey Park Circle
Palm Beach Gardens, FL 33410 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE: Mary D. Maruszczak ☒ PRES. MARY D. MARUSZCZAK 1-5-99
Date 561-625-4973

CR2E034 (11/98)