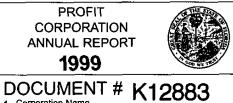
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90066 043 ***150.00

COWLIC	KS & CURLS OF COUNT	RY WALK, INC.							
Principal Plac	e of Business	Mailing Addres	ss			- CORROBATA MAN (INTO ATARA CANA) (ATARA (A	a civii vivii	acett Billit El	IGIT GERTE FREE
7166 SW 117 AV						DO NOT WRITE II	N THIS SF	ACE_	
						3. Date Incorporated or Qualifed 01/26/1988			
a Principal P	lace of Business	2a. Mailing Ad	dress			4, FEI Number		T Apr	plied For
21	iace of Busiless	26	0.000			65-0033035		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	1	\$8.75 A	Additional
22					· •	6. Election Campaign Financing		\$5.00	
23 28						Trust Fund Contribution	ĺ	Added to	
Zip 24	Country	Zip.	36	Country		This corporation owes the current y Personal Property Tax.		jible] Yes	⊠Ń₀
24	g. Name and Address of Curi			1		10 Name and Address of New Regi	stered Ag	ent	
			_	81	Name				
SANDLER, HOWARD 6717 SW 112 COURT				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33173				83					
				55					
			84	City		FL	85 Zip C	ode	
agent. I a	m familiar with, and accept the obli	gations of, Section 60.	7.0505, Flond	a Statutes		on's board of directors. I hereby accept the	DATE		
12. TITLE	OFFICERS AND DIRECTORS PD DELETE		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	SANDLER, HOWARD		1.2 NAME			_		_	
STREET ADDRESS			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZiP						
πιε	STD DELETE		2.1 TITLE				Change	☐ Addition	
NAME	SANDLER, NANCY		2.2 NAME						
STREET ADDRESS	AT47 OUL 440 COURT			2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4 CITY-S	T-ZIP				
TITLE			DELETE	3.1 TITLE			C] Change	Addition
NAME	,			3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			7.01	T Addica-
TITLE		U	DELETE	4.1 TTLE			L	Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP	<u> </u>		DELETE	4.4 CITY-ST	T-ZIP] Change	Addition
TITLE		ليا	DELETE	5.1 TITLE 5.2 NAME			_	Oliminge.	
NAME				5.3 STREET	ADDRESS				
STREET ADDRESS				5.4 CITY-ST					
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE] Change	Addition
NAME		ے	· -	6.2 NAME			_	-	_
CTREET ANDRESS				6.3 STREET	ADORESS				

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.

6.4 ÇITY+ST-ZIP

SIGNATURE:

STREET ADDRESS