

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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90079 032 \*\*\*150.00

DOCUMENT # K28983

1. Corporation Name  
HAIR PLEASERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7200 RIDGE ROAD  
SUITE 3  
PORT RICHEY FL 34668  
US

Mailing Address  
7200 RIDGE ROAD  
SUITE 3  
PORT RICHEY FL 34668  
US

3. Date Incorporated or Qualified

07/15/1988

4. FEI Number

59-2904845

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

9. Name and Address of Current Registered Agent

RAVALLI, ROSEMARIE  
12349 DEARBORN DRIVE  
BAYONET POINT FL 34667

10. Name and Address of New Registered Agent

81 Name RAVALLI, Rosemarie  
82 Street Address (P.O. Box Number is Not Acceptable)  
13001 WILLOUGHBY LA.  
83  
84 City BAYONET PT. FL 85 Zip Code 34667

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	RAVALLI, ROSEMARIE	13001 WILLOUGHBY LANE	BAYONET PT FL	<input type="checkbox"/>
V	RAVALLI, CHARLOTTE	12347 DEARBORN DRIVE	BAYONET POINT FL	<input type="checkbox"/>
T	RAVALLI, ANTHONY J	12347 DEARBORN DRIVE	BAYONET POINT FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	RAVALLI ANTHONY	12347 DEARBORN DR.	BAYONET PT. FL. 34667	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Rosemarie Ravalli (Pres.)

3/19/99

727-848-4619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)