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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90076 040 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K34999**

1. Corporation Name
LINA'S INTERNATIONAL SALON & DAY SPA INC.



Principal Place of Business: 3525 BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436
 Mailing Address: 3525 BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **09/28/1988**

4. FEI Number: **65-0065963** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees:

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 City & State: 27
 Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: **FODOR, PASCUALINA 3525 BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	FODOR, PASCUALINA	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FODOR, PASCUALINA	2268 GREENVIEW COVE DRIVE	1.2 NAME:	
STREET ADDRESS: 2268 GREENVIEW COVE DRIVE	WELLINGTON FL	1.3 STREET ADDRESS:	
CITY-ST-ZIP: WELLINGTON FL		1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	FEDOR, PEDRO	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FEDOR, PEDRO	2268 GREENVIEW COVE DRIVE	2.2 NAME:	
STREET ADDRESS: 2268 GREENVIEW COVE DRIVE	WELLINGTON FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP: WELLINGTON FL		2.4 CITY-ST-ZIP:	
TITLE: S <input type="checkbox"/> DELETE	FODOR, SYLVIA	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FODOR, SYLVIA	2268 GREENVIEW COVE DR	3.2 NAME:	
STREET ADDRESS: 2268 GREENVIEW COVE DR	WELLINGTON FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: WELLINGTON FL		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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.

SIGNATURE: *Pascualina Fodor* **SECRETARY** *LINA FODOR* **3-15-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)