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Secretary of State

04-20-1999 90138 038 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **K48152**

1. Corporation Name
M W M HAIR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2196 MAIN STREET
 2515 COUNTRYSIDE BLVD. #B
 DUNEDIN FL 34698
 US

Mailing Address
 SAME
 2515 COUNTRYSIDE BLVD. #B
 CLEARWATER FL 34623
 US

3. Date Incorporated or Qualified
11/23/1988

2. Principal Place of Business
 21 **M W M HAIR INC E**
 Suite, Apt. #, etc.
 22 **E**

2a. Mailing Address
 26 **2141 MAIN ST.**
 Suite, Apt. #, etc.
 27 **E**

4. FEI Number
59-2920655

Applied For
 Not Applicable

23 **DUNEDIN FL**
 City & State

28 **DUNEDIN FL**
 City & State

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

24 **34698** Zip **FL** Country
PINELLAS

29 **34698** Zip **FL** Country
PINELLAS

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

9. Name and Address of Current Registered Agent

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

MAHONEY, MATTHEW W.
 2196 MAIN STREET
 DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name **MAHONEY, MATTHEW W.**

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

83 **2141 MAIN ST. STE. E.**

84 City **DUNEDIN** FL 85 Zip Code **34698**

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 *Matthew Mahoney* DATE **4-15-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MATTHEW WILLIAM	1.2 NAME	MAHONEY, MATTHEW W.
STREET ADDRESS	2196 MAIN STREET	1.3 STREET ADDRESS	2141 MAIN ST. STE. E
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Matthew Mahoney* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MAHONEY, MATTHEW W. PRESIDENT** DATE **4-15-99** DAYTIME PHONE # **727-738-5533**

CR2E034 (1/198)