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 # K49648

MERLE NORMAN COSMETICS & WIGS, INC.

Principal Place	of Business	Mailing Address				I (Estatit bil etere terre and		1211 01011 01011 011	
672 NO UNIVERSITY DR						DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Quality 12/07/1988 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21		26				65-0085721			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required				
City & State		City & State		6. Election Campaign Financi	ng 🗆	\$5.00	May Be		
		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the	current year in	tangible	_
24	25	29	30			Personal Property Tax.			No
24	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent	
	0.00		,	81	Name				
MILLER, DORIS 7463 NW 33 STR				82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
	DERHILL FL 33319			83		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			101 121 17 11 11 12 12 12 12 12 12 12 12 12 12 12 12 1
	to the provisions of Sections 607.0502				City		FL		Ì
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE:	ioa Otali	uico.		when reinstating) ADDITIONS/CHANGES TO	DATE	·	
12.		D DELETE	1.1 TI	m F		7,00,110,101,010		Change	☐ Addition
TITLE	PD POPIO		1.2 N/		1				1.
NAME	MILLER, DORIS					• • •			₹.
STREET ADDRESS	7463 NW 33 STR		4207						1
CITY-ST-ZIP	LAUDERHILL FL			TREET A	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
TITLE	· · · · · · · · · · · · · · · · · · ·		1.4 CI	TREET A				☐ Change	Addition
NAME	·	☐ DÉLETE	1.4 CI 2.1 TE	TREET A ITY-ST-7 ITLE				☐ Change	Addition
OTDEET ADDDESS		☐ DELETE	1.4 CI 2.1 TE 2.2 N/	TREET A ITY-ST-: ITLE IAME	ZIP			☐ Change	Addition
STREET ADDRESS		DELETE	1.4 CI 2.1 TF 2.2 N/ 2.3 ST	TREET A ITY-ST- ITLE AME TREET A	ZIP			☐ Change	Addition
CITY-ST-ZIP			1.4 CI 2.1 TF 2.2 N/ 2.3 ST 2.4 C	TREET A ITY-ST-2 ITLE AME TREET A CITY-ST-	ZIP				
		☐ DELETE	1.4 CI 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF	TREET A ITY-ST-: ITLE AME TREET A CITY-ST-	ZIP			☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.4 CI 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TREET A ITY-ST-: ITLE AME TREET A CITY-ST- ITLE IAME	ZIP ADDRESS - ZIP			☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CI 2.1 TF 2.2 NV 2.3 ST 2.4 C 3.1 TΓ 3.2 NV 3.3 ST 3.4 C 4.1 TΓ 4.2 NV	TREET A TY-ST- TLE AME TREET A CITY-ST- TLE TREET A CITY-ST- TLE TREET A	ZIP ADDRESS - ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CI 2.1 TY 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 S' 3.4 C 4.1 TT 4.2 N 4.3 S'	TREET A ITY-ST-: ITLE AME TREET A CITY-ST- ITLE AME TREET A CITY-ST- ITLE VAME TREET A	ZIP ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	☐ Addition
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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 frustee 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 for on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90036 038 ***150.00