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

Mailing Address

SUITE 212 HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L12896**

1. Corporation Name

Principal Place of Business

2500 HOLLYWOOD BLVD.

HOLLYWOOD FL 33020

SUITE 212

LADD HAIRDRESSERS, INC.

					3. Date Incorporated or Qualifed 08/31/1989			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0151936	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	, ,	
Zip 24	Country Zip Co 25 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent		
MANELLA, ROSS H				Name Street Addi	ress (P.O. Box Number is Not Acceptable)			
2500 HOLLYWOOD BLVD.							***	
SUITE 212 HOLLYWOOD FL 33020								
HOLLIWOOD I E 30020			84	City	FL	85 Zip C	ode	
office or n agent. I at SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by la Statutes	the corporate	poration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment of when reinstating)	anging its inent as reg	registered pistered	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PST	☐ DELETE	1,1 TITLE			Change	Addition	
NAME	WAINSTOCK, ROCHELLE		1.2 NAME	-				
STREET ADDRESS	10208 BERMUDA DR		1,3 STREE	ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-ST-ZIP			2.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			_ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	F ADDRESS				
CITY-\$T-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE		L	_ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY+ST-ZIP			4.4 CITY-S	T- ŽIP		705555	□ Addition	
TITLE		☐ DELETE	5.1 TITLE		L	Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		☐ ocutre	5.4 CITY-S 6.1 TITLE	1-ZIP		Change	☐ Addition	
TITLE		☐ DELETE	1		L	_ снапув	L3 AUGUIDA	
NAME			6.2 NAME	T ADDRESS				
CTREET ADDRESS	t		■ 0.3 5 IKEE	LAGUISTÃÃ I				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Rochelle

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.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90178 042 ***150.00

DO NOT WRITE IN THIS SPACE

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