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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17189

SHAMPOO, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

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	lace of Business		ing Address					65-0142481		<u> </u>	t Applicable
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Suite, Apt.	#, etc.	27	s, πρι. π, σισ.				5.	Certifcate of Status Desired	` }∕	Fee Re	I
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		*- /			81	Name					
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8870) NW 49 DR				82	Street A	aaress (P	.O. Box Number is Not Accept	iable)		
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					84	City			FI	_ 85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.15	08, Florida Statute	s, the a	bove	-named c	orporation	submits this statement for the	purpose o	f changing its	registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida, Su	ich change was at:	ithorized	d by 1	h	ation's bo	ard of directors. I hereby acce	pt the appo	ointment as reg	gistered
		linations of Sect	ion 607 0505. Flor	ida Stat	tutes	ne corpor		•			
	ım tamınar with, and accept the obt	ligations of, Sect	ion 607.0505, Flor	ida Stat	tutes.	ne corpor		•			
SIGNATURE	Signature, typed or printed name of registered		ion 607.0505, Flor	ida Stat	tutes.			einstating)	DATE		<u>.</u>
SIGNATURE	Signature, typed or printed name of registered		ion 607.0505, Flor	ida Stat	tutes.		quired when re	<u> </u>		ND DIRECTO	
	Signature, typed or printed name of registered	agent and title if applica	ion 607.0505, Flor	ida Stat	d Agent		quired when re	einstating) - 3 - 4		ND DIRECTO ☐ Change	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applica	able (NOTE:	Registered	d Agent		quired when re	einstating)			RS IN 12
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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 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 an other like empowered.

SIGNATURE: