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PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L67271

(1)

FILED Apr 14 1998 8:00am Secretary of State

HAIRITAGE SALONS, INC.				A TREATRIA DAN DITAL TREATRIAN AND A TREATRIAN DAN DAN DAN DAN DAN DAN DAN DAN DAN D
Principal Place of Business	Mailing Address			r saerners ein erter Lanie frant toner tiet diebit biett biett biett biett biett
13601 MCGREGOR BLVD 13601 MCGREGOR BLVD FT MYERS FL 33919 FT MYERS FL 33919		D		
FT MYERS FL 33919 FT MYERS FL 33919			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified
				04/20/1990
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc.	26 Suite Ant # ate			65-0187849 Not Applicable
22	c. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State	<u> </u>		
23	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24 25	29	30		Personal Property Tax due June 30. 🗹 Yes 🔲 No
9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent
BRUNO, LARRY A		ł	81 Name	
312 N.W. 13TH STREET		t	B2 Street	Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33993		[83	
			63	
		Ī	B4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the ab	ove-named	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	Florida Such change was	authorized	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	ons or, dection dor todos, F	iorida Statt	ites.	
SIGNATURE Signature, typed or printed name of registered agent a	and tille if applicable (NO	TE Registered	Agent signature	required when reinstating) DATE
12. OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 100	.E	VP □ Change □ Addition
NAME BRUNO, PATRICIA		1.2 NA	AE	BRUNO, LARRY A.
STREET ADDRESS 13601 MCGREGOR BLVD			EET ADDRESS	BRUNO, LARRY A. 312 N.W. 13th ST. CAPECDRAL, FL. 33993
CRTY-ST-ZIP FT MYERS FL	DELETE		Y-ST-ZIP	CAPECDEAL, FL. 33993
NAME	L VELCTE	2.1 111		☐ Change ☐ Addition ☐
STREET ADDRESS		2.2 NAI	ae Eet a ddress i	
CRTY-ST-ZIP			Y-ST-ZIP	<i>j</i> .
TITLE	☐ DELETE	3.1 TITI		Change Addition
NAME		3.2 NA	AE.	
STREET ADDRESS		3.3 STF	EET ADDRESS	
CITY-ST-ZIP		3.4. CIT	Y-ST-ZIP	
TITLE	☐ DELETE	4.1 T(T)	E	☐ Change ☐ Addition
NAME		4. 2 NA	ME	
STREET ADDRESS		4.3 STR	EET ADDRESS	
City-st-zip	T per exe		'-ST-ZIP	
TITLE	☐ DELETE	5.1 TITL	_	☐ Change ☐ Addition
NAME STREET ADDRESS		5.2 NA		
STREET ADDRESS		1	EET ADDRESS	
CITY-ST-ZIP	DELETE	5.4 CIT 6.1 TITE	r-ST-ZIP	Change Addition
NAME		6.2 NAM		
STREET ADDRESS			EET ADDRESS	İ
City-st-zip			-ST-ZIP	
	this filing does not qualify t	or the exer		od in Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this armual 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 a 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.