PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # L77177 1. Corporation Name

MARGUERITE'S HAIR DESIGNERS, INC.

Principal Place of Busiless	
2158 SOUTH 3RD ST JACKSONVILLE BEACH FL 32250 US	
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2. Principal Place of Business

Suite, Apt. #, etc.

2152 South 3rd

JACKSENVILLE BED

Mailing Address

2440 PEG LEG ROAD JACKSONVILLE FL 32224

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

May 04, 1999 8:00 am Secretary of State

05-04-1999 90162 029 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/01/1990 4. FEI Number

59-3121568

Zip	23 3	32250	USA	28						Trust Fund	Contribution	on		Adde	d to F	es
3. Name and Address of Current Registered Agent AHERN, FRED L., JR. 2215 S. THIRD ST. SUITE 101 JACKSONVILE BEACH FL 32250 44 City FL 85 Zip Code 45 Trees and 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE PD TROUPE, MARGUERITE B. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME PD TROUPE, MARGUERITE B. 12. NAME PD TROUPE, MARGUERITE B. 12. YAME 2440 PEG LEG RD 13. STREET ADDRESS CITY-57-2P TITLE DST DST DST DST DST DST DST DST DST DS			Country	Zip		Cd	ountry		{ { } {	B. This corpo	ration owes	the curre	ent year Int	angible		į
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2215 S. THIRD ST. SUITE 101 JACKSONVILLE BEACH FL 32250 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, they are 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 suthorized by the corporation's board of directors. I hereby accept the application of Sections 607.0505, Florida Statutes, they are 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 suthorized by the corporation's board of directors. I hereby accept the application of Section 607.0505, Florida Statutes, such as a section of the section	٨٨٥	DN EDED I	ID.				81	Name								
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12.	SIGNATURE	Signature, typed or pric	nted name of registered agent	and title if applicable.	(NOT	: Register	ed Agent	signature red	uired wher	n reinstating)			DATE			—
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14. I hereby certify that the information supplied with this filling 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.