## 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** 

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90146 043 \*\*\*150.00

D	OCUMENT	#	85	552
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1. Corporation Name

O'HAIR INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address				A TARKINIE BAN ERIOF DEFAN DITAN	IBI BABA BABA	01811 01811 01	
		4438 BEERIDGE RD.							
4438 BEERIDGE SARASOTA FL		SARASOTA FL 34233				. د د د			
US US"					-	DO NOT WRITE	IN THIS SP	ACE	
						3. Date Incorporated or Qualifed 06/28/1990			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				65-0203840		Not	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	_	\$8.75 A	
22		27						Fee Rec	<del>`</del> ——
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	)	<b>\$5.00</b> MAD Added to	
Zip	Country	28	Country	V		8. This corporation owes the current	vear Intano		71000
24	25		30	,		Personal Property Tax.			<b>V</b> No
	9. Name and Address of Curren		1			10. Name and Address of New Reg	istered Age	ent	
			81	Nan	ne	<del>-</del>			
	E, DAVID E.		82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable	1		
	WATKINS AVENUE		104	1 346	et Audies	SS (F.O. BOX Manibel is Not Necopies)	,		
SARA	ASOTA FL 34233		83	1					
			84	City		<del></del>		85 Zip C	ode
							FL [		sistered
11. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statutes of Florida, Such change was au	s, the abou	/e-nam / the co	ed_corpoi	ration submits this statement for the puris board of directors. I hereby accept the	r <u>pose or cna</u> ne appointm	eut as ted andind 1121	istered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute	s.	•	·			
SIGNATURE						Lan antendralia d	DATE	<u> </u>	
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: )  D DIRECTORS	13.	nt signati	ire required i	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
12.	P		13.		-	710011011070111111020 70 0			
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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 all other like empowered.

Robert G. McCally, Treasurer 3/12/99 (941) 377-1188
Director