

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90005 020 ***150.00

DOCUMENT # M46428

1. Corporation Name
FONTANA HAIR COMPANY

Principal Place of Business
712 RIVERSIDE DR.
CORAL SPRINGS FL 33071-7314
US

Mailing Address
3125 NW 48 CT.
APT. 124
LIGHTHOUSE POINT FL 33071-7314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1987

4. FEI Number

59-2780301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3125 NE 48ct

2a. Mailing Address

26 3125 NW 48 CT.

Suite, Apt. #, etc.

22 124

Suite, Apt. #, etc.

27

City & State

23 Lighthouse Point

City & State

28

Zip

24 33064

Country

25 FLORIDA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FONTANA, DOMENICK
224 N.W. 94TH WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Domenick D. Fontana DOMENICK D. FONTANA PRES 4/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FONTANA, DOMENICK
STREET ADDRESS 224 N.W. 94 WAY
CITY-ST-ZIP CORAL SPRINGS FL
☐ DELETE
CHANGE OF ADDRESS →

TITLE VD
NAME FONTANA, JOSEPHINE
STREET ADDRESS 224 N.W. 94 WAY
CITY-ST-ZIP CORAL SPRINGS FL
☐ DELETE
CHANGE OF ADDRESS

TITLE S
NAME FONTANA, DENISE A
STREET ADDRESS 712 RIVERSIDE DR.
CITY-ST-ZIP CORAL SPRINGS FL
☐ DELETE
NO LONGER WITH CORPORATION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 3125 NE 48ct
1.3 STREET ADDRESS Lighthouse Point #124
1.4 CITY-ST-ZIP FL 33064
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME 3125 NE 48ct
2.3 STREET ADDRESS Lighthouse Point #124
2.4 CITY-ST-ZIP FL 33064
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: Domenick D. Fontana DOMENICK D. FONTANA PRES 4/14/99 784 420 0923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0160721