FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

WADE HAIR DESIGN, INC.

DOCUMENT # M91010



DIVISION OF CORPORATIONS

Jan 29, 1999 8:00am FLORIDA DEPARTMENT OF STATE Katherine Harris **Secretary of State** Secretary of State

01-29-1999 90020 025 ***150.00

FILED



					<u> </u>	. 21211 01211 2161	,
Principal Place of Business Mailing Address							
MITCHELL A. SILVER & CO. % MITCHELL A. SILVER & CO.				•			
BOO JOHNSON STREET		5900 JOHNSON STREET			DO NOT WRITE IN THIS SPACE		
OLLYWOOD FL 33021		HOLLYWOOD FL 33021			3. Date Incorporated or Qualifed		
					07/20/1988	•	
O- Mallian Address				4. FEI Number		<u> </u>	Applied For
Principal Place of Business		2a. Mailing Address			22-2951201	 	Not Applicable
		26 Suite Ant # etc.			\$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required
			City & State				
City & State		⊢ . *			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
7		Zip Country					- 101663
Zip Country		- 		8. This corporation owes the current year I	ntangible ☐ Yes	No	
	25		30		Personal Property Tax. 10. Name and Address of New Registered		A
	9. Name and Address of Curr		8	1 Name	to. Maine and Address of New Registers.	1 Agoin	
CHO	CHIARA, WADE M	5?	"	1 Tame	<u> </u>		
5811/BAYVIEW DRIVE			82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
	O JOHNSON STREET	•	83				7 5 7 7 8 7 7 5 7 7 5 7 7 6 7 7 6 7 7 7 7 7 7 7 7
FT LAUDERDALE FL 33308			8:	3			STATE OF THE STATE OF
TI L	AUDENDALE FL 33300	•	84	4 City		85 Zic	
, p = p-,		,			oration submits this statement for the purpose of		
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was au	ithorized b	y the corporation	on's board of directors. I hereby accept the app	oniment as	registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature require	d when reinstating) DATE		
2.	, OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TLE	P	☐ DELETE	1.1 TITLE		v vita	Change	e 🗍 Addition
AME	CUCCHIARA, WADE M. 12N		1.2 NAME	: }			-
TREET ADDRESS	5811 BAYVIEW DR.	,	1.3 STRE	ET ADORESS	•		į
ITY-ST-ZIP	FT LAUDERDALE FL		1,4 CITY-	ST-ZIP			
TLE	S	☐ DELETE	2.1 TTLE			Change	e 🗌 Addition
AME	CUCCHIARA, JANE M.		2.2 NAME				İ
TREET ADDRESS	FOAA DANGHON DD		2.3 STREET ADDRESS				,
TY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY	- ST-ZIP	••	,	
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AME .			3.2 NAME				
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TY-ST-ZIP-	Daniel Barrier	•	3.4. CITY-			1 1	
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AME			4. 2 NAMI		•		ļ
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	1, 0.2		4.4 CITY-				-
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		_ 5555,5	5.2 NAME				_
AME	<u> </u>			ET ADDRESS			1
TREET ADDRESS	± 1	•	5.4 CITY-	. 1			į
TY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	e
TLE	8 361	□ DELETE	6.2 NAME			og	
AME							ļ
TREET ADDRESS			6.3 STRE	ET ADORESS			

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.