

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 024 ***150.00

DOCUMENT # M93723

1. Corporation Name

EDINEA HAIR STYLISTS, INC.

Principal Place of Business

1306 UNIVERSITY DR.
CORAL SPRINGS FL 33071

Mailing Address

1306 UNIVERSITY DR.
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1988

4. FEI Number

65-0068555

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 9619 SAMPLE ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 9619 SAMPLE ROAD

Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS FL

Zip

24 33065

Country

25 U.S.A.

Zip

29 33065

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WHITE, ROBERT A.
1401 UNIVERSITY DRIVE
SUITE 600
CORAL SPRINGS FL 33071

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

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 ☐ DELETE

NAME CIFFOLILLO, MICHAEL
STREET ADDRESS 2310 NW 42ND AVE.
CITY-ST-ZIP COCONUT CREEK FL

TITLE DV ☐ DELETE

NAME CIFFOLILLO, EDINEA
STREET ADDRESS 2310 NW 42ND AVE.
CITY-ST-ZIP COCONUT CREEK FL

TITLE DST ☐ DELETE

NAME CIFFOLILLO, NICHOLAS
STREET ADDRESS 3050 NW 42 AVE., APT C504
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CIFFOLILLO NICHOLAS
2310 N.W. 42 AVE
COCONUT CREEK FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Michael Ciffolillo MICHAEL CIFFOLILLO

5/1/99

954 341 8271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)