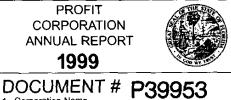
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90174 003 \*\*\*150.00

HAIR AS	SSOCIATES, INC.										
Principal Plac	e of Business	М	lailing Address				(	( 40014001 400 (())	BILGO IILI OLDIL I	nene presi bibli bi	Ett Bleit (48)
400 S. DIXIE HWY.  HALLANDALE FL 33009  400 S. DIXIE HWY.  HALLANDALE FL 33009							NO NOT WI	RITE IN THIS	SPACE		
								3. Date Incorporated or Qualife 07/20/1992			
a Dringinal D	Place of Business	20	, Mailing Address					4. FEI Number		Δnr	lied For
<del>-</del>	lace of Business	26	, Maining Address	maining / waroos				59-2478955		<del></del>	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 A	
2			27					_5Certifcate.of.Status.Desired.		Fee Rec	
City & State			City & State					6. Election Campaign Financin		\$5.00	viav Be
13			28					Trust Fund Contribution	' 🗆	Added to	
Zip	Country		Zip	Cou	ntry		$\lnot \lnot$	8. This corporation owes the cu	rrent year In	tangible	
24	25	29		30				Personal Property Tax.			_No
	9. Name and Address of Currer	t Regi	stered Agent					10. Name and Address of New	Registered	Agent	
СТ	CODDODATION SYSTEM				81	Name					}
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM					82	Street A	Address (P.O. Box Number is Not Acceptable)				
1200 PINE ISLAND RD.					92				<del></del>	<del></del> -	
PLANTATION FL 33324					83						_ ]
T WHITEHOUT I G COOKT					84	City	FL 85 Zip Code				
44 Durayont	to the provisions of Sections 607.050	2 and 6	SO7 1508 Florida Statu	tes the a	hove	-named (	cornor	ation submits this statement for th			registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	da, Such change was a	authorized	1 by	the corpo	ration'	's board of directors. I hereby acc	ept the appo	intment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable. (NOT	E: Registered	Agen	t signature re	quired w	rhen reinstating)	DATE		
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTOR	RS IN 12
TITLE	CD		☐ DELETE	1.1 TI	πE					Change	Addition
NAME	SMITH, EDWARD			1.2 N	AME						ļ
STREET ADDRESS	11099 HELENA DR.		1.3 ST	1.3 STREET ADDRESS						ĺ	
CITY-ST-ZIP	COOPER CITY FL			1.4 CITY-ST-ZIP						<u>.                                    </u>	
TITLE	DPS			2.1 TI	2.1 TITLE		PAR	C-Eine . L		Change	☐ Addition
NAME	BORENSTEIN, JULES			2.2 N	2.2 NAME			WEIVERUT	7 <del></del>		
STREET ADDRESS	7111 W. CYPRESSHEAD DR.			2.3 57	3 STREET ADDRESS		V	PROGIDENT Tulius Borgustein 400-5. Divis 1913/300			
CITY-ST-ZIP	PARKLAND FL			2.4 C	ITY-S	T-ZIP	_10	Ellow dul- M.	320	<u>09</u>	
TITLE			☐ DELETE	3.1 TI	TLE		•		_	[] Change	☐ Addition
NAME				3.2 N/	AME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. C	πγ-s	T-ZIP				_ <u>-</u>	
TITLE			☐ DELETE	4.1 TI	TLE	ļ				Change	Addition
NAME	1					1					1
STREET ADDRESS				4. 2 N	AME						
						ADDRESS					ļ
CITY-ST-ZIP				4.3 ST 4.4 CI	TY-ST	1					
CITY-ST-ZIP TITLE			☐ DELETE	4.3 ST 4.4 CI 5.1 TI	TY-ST	1				☐ Change	☐ Addition
			☐ DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 No	TY-ST TLE AME	r-ZIP	<del></del>			Change	☐ Addition
TITLE NAME			☐ DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 No 5.3 ST	TREET TY-ST TLE AME	ADDRESS	<del></del>			Change	☐ Addition
TITLE NAME STREET ADDRESS				4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI	TY-ST TLE AME TREET TY-ST	ADDRESS					
TITLE			☐ DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI 6.1 Π	TY-ST TLE AME TREET TY-ST	ADDRESS				Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI 6.1 TI 6.2 N	TY-ST TLE AME TREET TY-ST TLE	ADDRESS					

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 supplied ental 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 ecceiver 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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: