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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025762 (4)

HAIR FLAIR BY TERESA, INC.

Principal Place of Business Mailing Address
6461 STIRLING RD. 6461 STIRLING RD.
DAVIE FL 33314 DAVIE FL 33314

FILED May 12 1998 8:00am Secretary of State



3. Date Incorporated or Qualified 04/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25	Ţ	Applied For
26 65-0403721 Suite, Apt. #, etc. 22 5. Certificate of Status Desired □ Crity & State City & State 6. Election Campaign Financing		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc.		
27 5. Certificate of Status Desired L City & State City & State 6. Election Campaign Financing		Not Applicable
City & State City & State 6. Election Campaign Financing	— —	5 Additional Required
28 Trust Fund Contribution		DO May Be ed to Fees
Zip Country Zip Country 8. This corporation owes or has paid the		
24 25 29 30 Personal Property Tax due June 30.	Yes	□ No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registers		
SCHLICHTE, PAUL G 81 Name		
2424 HOLLYWOOD RIVID		
HOLLYWOOD FL 33020		
83		
84 City	85 Z	ip 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		n ite 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 a agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	appointment	as registered
SIGNATURE Signature, typed or printed name of requirered agent and title if epiphicable (NOTE: Registered Agent signature required when reinstating) DATE	Ε	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE PD DELETE 1.1 TITLE	☐ Chanç	ge Addition
NAME ROGERO, ROBERT 1.2 NAME		
STREET ADDRESS 6461 STIRLING RD. 13 STREET ADDRESS		13
CITY-S1-ZIP DAVIE FL 33314 1.4 CITY-S1-ZIP];
TITLE VSD DELETE 2.1 TITLE	Chang	e Addition
NAME ROGERO, TERESA G 22 NAME		
STREET ADDRESS 6461 STIRLING RD. 23 STREET ADDRESS]
CITY-ST-ZIP DAVIE FL 2 4 CITY-ST-ZIP		
TITLÉ DELETÉ 31TITLE	Chang	e Addition
NAME 3.2 NAME		1
STREET ADDRESS 3.3 STREET ADDRESS		ŀ
CITY-ST-ZIP 3.4. CITY-ST-ZIP		
TILE DELETE 4.1 TILE	Chang	e Addition
NAME 4 2 NAME		1
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP	·	
TITLE DELETE 5.1 WILE	Chang	ge Addition
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		i
CITY-ST-ZIP 54 CITY-ST-ZIP		}
TITLE DELETE 61 TITLE	Chang	je Addition
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		Ì
CITY-S1-ZIP 6.4 CITY-ST-ZIP		i
	certify that I	

officer or director of the corporation or the receiver or frustee 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.

SIGNATURE:

Robert R

4-30-98

Robert Rogers

954-792-8989