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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT #

1. Corporation Name

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90047 025 ***150.00

	INS HAIR STUDIO, INC.							
· ·								
Principal Plac	e of Business	Mailing Add	fress				\$11 8 1 11 9 8 1 8 114 8	
1294 N MILITARY TR 1294 N MILITARY TR								
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409					DO NOT WRITE IN THIS S	CDACE	· ·	
					3. Date Incorporated or Qualifed	SPACE		
					04/30/1993		ļ	
Principal Place of Business 2a, Mailing Address			Address		,	4. FEI Number	Apr	plied For
21		26				65-0412130	1 1 1 1 1 1	Applicable
Suite, Apt.	#, etc.		pt. #, etc.				\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Red	quired
City & Stat	te	City & S	State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Inta		
24	25	29	30			Personal Property Tax.	<i></i>	□No
	9. Name and Address of Current	t Registered Ag	jent	81	Name	10. Name and Address of New Registered A	Agent	
CAS	STRO, NANCY E	· For the second		["]	Haille			
	4 N MILITARY TR			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ST PALM BEACH FL 33409			83	•	35 / 2 3 3 4 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 2 3 14 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 .7 4
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	,			84	City	EI	85 Zip C	Códe ` '
44 Dureuget	to the provisions of Sections 607 0500	2 and 607 1508	Florida Statutes 1	he above	-named corpo	ration submits this statement for the purpose of c	 changing its :	registered
office or r	registered agent, or both, in the State (of Florida. Such	change was autho	nzed by	the corporation	's board of directors. I hereby accept the appoin	itment as reg	gistered
	im familiar with, and accept the obligat	tions or, Section	507.0505, Florida	Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Regi	istered Agen	it signature required	when reinstating) DATE	-	
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	"P					ADDITIONS/CHANGES TO OFFICERS AND	_	
NAME	CASTRO, NANCY E	•	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	RS IN 12 Addition
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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 reference 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.

6.4 CITY-ST-ZIP

SIGNATURE:

reguired OF SIGNING OFFICER OR DIRECTOR

-20-99