

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90006 001 ***155.00

DOCUMENT # P93000033620

1. Corporation Name

INTERNATIONAL HAIR REPLACEMENT CONCEPTS, INC.

Principal Place of Business

1978 HOLLOWES TRAIL
DEERFIELD FL 33442
US

Mailing Address

1978 HOLLOWES TRAIL
DEERFIELD FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0411766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GABAY, PATRICIA
215 N FEDERAL HWY
STE 5
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name GABAY PATRICIA

82 Street Address (P.O. Box Number is Not Acceptable)

83 1978 HOLLOWES TRAIL

84 City DEERFIELD

FL

85 Zip Code 33442

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 PDV
NAME GABAY, PATRICIA
STREET ADDRESS 215 N FEDERAL HWY STE 5
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D
NAME GREGORY, OSTAFICHUK
STREET ADDRESS 215 N FEDERAL HWY STE 5
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDV
1.2 NAME GABAY PATRICIA
1.3 STREET ADDRESS 1978 HOLLOWES TRAIL
1.4 CITY-ST-ZIP DEERFIELD FL 33442

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Change

☐

Addition

2.1 TITLE D
2.2 NAME GREGORY OSTAFICHUK
2.3 STREET ADDRESS 1978 HOLLOWES TRAIL
2.4 CITY-ST-ZIP DEERFIELD FL 33442

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Change

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Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐

Change

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Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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Change

☐

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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Change

☐

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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Change

☐

Addition

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: *[Signature]* NAG REG REO OSTAFICHUK

20/04/99

1-888-880-6326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)