ANNUAL REPORT

1999

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033649

JOSSIES	s hair designers, inc.						
Principal Place	of Business	Mailing Address				t 1884 gall tip 18186 titti datti desti detti 1846 alited ilien istin anist alite i	101
8197 NORTH UNIVERSITY DRIVE 8197 NORTH UNIVERSITY OR TAMARAC FL TAMARAC FL				IVE		DO NOT WRITE IN THIS SPACE	
1						3. Date Incorporated or Qualifed	
ſ						05/10/1993	(
2 Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number · Applied For	
21		26				65-0411630 Not Applica	ble
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23		28		- T-		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year intangible.	. سند سند ا
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
			1	81	Name	·	
LETTMAN, ROBERT D ESQUIRE 8010 N. UNIVERSITY DRIVE			ļ	82	Street Addres	is (P.O. Box Number is Not Acceptable)	
SECO	OND FLOOR		ſ	83			1
TAM/	ARAC FL 33321-2118		- 1	84	Cine	85 Zip Code	
			- 1	1	City	: ' FL !'	
SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, hiped or printed name of registered agent	_				ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered the appointment as registered that the contract of the contract o	1_
1 40		0.054-000	4.0			ADDITIONS/CHANGES TO DEFICEDS AND DIRECTORS IN 12	l lö
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition 🛨
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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 occurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachprept with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS

Mar 09, 1999 8:00 am Secretary of State

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