

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

0430635

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90256 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000051090

1. Corporation Name
HAIR SOCIETY, INC.

Principal Place of Business
**4110 S FLORIDA AVE
LAKELAND FL 33813
US**

Mailing Address
**4110 S FLORIDA AVE
LAKELAND FL 33813
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/15/1993	4. FEI Number 59-3191489	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent BROWNING, KATHARINE 4110 S FLORIDA AVE LAKELAND FL 33813	10. Name and Address of New Registered Agent 81 Name Paula Cuza 82 Street Address (P.O. Box Number is Not Acceptable) 4110 S. Florida Ave 83 Suite C 84 City Lakeland FL 85 33813
--	--

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 *Paula Cuza President* *Paula Cuza President* DATE **2-18-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME BROWNING, KATHARINE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4110 S FLORIDA AVE.		1.2 NAME Paula Cuza	
CITY-ST-ZIP LAKELAND FL 33813		1.3 STREET ADDRESS 4110 S. Florida Ave.	
TITLE ST <input checked="" type="checkbox"/> DELETE	NAME MEDINA, GILBERT	1.4 CITY-ST-ZIP Lakeland, FL 33813	
STREET ADDRESS 4110 S FLORIDA AVE.		2.1 TITLE Vice president <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP LAKELAND FL 33813		2.2 NAME William Cuza	
TITLE Pres <input type="checkbox"/> DELETE	STREET ADDRESS	2.3 STREET ADDRESS 4110 S Florida Ave.	
NAME		2.4 CITY-ST-ZIP Lakeland, FL 33813	
STREET ADDRESS		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		3.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		6.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-98

Date

941-647-3752

Daytime Phone #

CR2E034 (11/98)