

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Wooten
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058241 (9)

2HULLS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **515 SEABREEZE BLVD SUITE 304 FT LAUDERDALE FL 33316 US**
Mailing Address: **1525 SW 15TH AVENUE FT LAUDERDALE FL 33312**

3. Date incorporated or qualified: **08/17/1993**
3a. Date of Last Report: **06/14/1994**
4. FEI Number: **65-0430994**
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.012 Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21** State: **Ap** # **etc**
22. City & State: **27** City & State:
23. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent
**MOLINA, ALEIDA M
1500 CORDOVA ROAD
SUITE 202
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
81. Name: **H. JOHN SYKES JR**
82. Street Address (P.O. Box Number is Not Acceptable): **515 SEABREEZE BLVD.**
83. **SUITE 304**
84. City: **PORT LAUDERDALE** FL 85. Zip Code: **33316**

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: *H. John Sykes Jr.* **H. JOHN SYKES JR. PRESIDENT** **5/3/95**

12. OFFICERS AND DIRECTORS
1. TITLE: **PD**
NAME: **SYKES, JOHN H JR**
STREET ADDRESS: **515 SEABREEZE BLVD STE 304**
CITY, ST, ZIP: **FT. LAUDERDALE FL**
2. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
3. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
4. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
6. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
5. TITLE: ☐ Change ☐ Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. TITLE: ☐ Change ☐ Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:
13. TITLE: ☐ Change ☐ Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:
17. TITLE: ☐ Change ☐ Addition
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the exceptions stated in law, I am a resident of the State of Florida. 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 121, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: *H. John Sykes Jr.* **H. JOHN SYKES JR. PRES.** **5/3/95** **305-525-3326**

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FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

55 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059121 (2)

1. Corporation Name

DIAMOND WIG AND BEAUTY SUPPLY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1993	3a. Date of Last Report 06/30/1994
4. FIC Number 65-0431726	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 196(1)(2) Florida Statute: ☐ Yes ☐ No	

2. Principal Office Address 18371 NORTHWEST 27TH AVENUE MIAMI FL 33056		2a. Mailing Address 18371 NORTHWEST 27TH AVENUE MIAMI FL 33056	
21. State Apt. # etc.	25. State Apt. # etc.	22. City & State	26. City & State
23. County	27. County	24. County	28. County
29. County	30. County	25. County	31. County

9. Name and Address of Current Registered Agent KIM, YUN S 18371 N.W. 27TH AVENUE MIAMI FL 33056		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. I hereby certify that the payment of fees from 1993 (1994) and 1994 (1995) Florida Statute. The above named corporation certifies this statement for the purpose of changing its registered office or registered agent. If 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 a resident of the State of Florida and accept the obligations of Section 196(1)(2) Florida Statute.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PSD KIM, YUN S. 18371 NORTHWEST 27TH AVENUE MIAMI FL 33056	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	S KIM, HAROLD 18371 NORTHWEST 27TH AVENUE MIAMI FL 33056	2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
COUNTY		4. NAME	☐ Change ☐ Addition
CITY		5. NAME	☐ Change ☐ Addition
CITY		6. NAME	☐ Change ☐ Addition
CITY		7. NAME	☐ Change ☐ Addition
CITY		8. NAME	☐ Change ☐ Addition
CITY		9. NAME	☐ Change ☐ Addition
CITY		10. NAME	☐ Change ☐ Addition
CITY		11. NAME	☐ Change ☐ Addition
CITY		12. NAME	☐ Change ☐ Addition
CITY		13. NAME	☐ Change ☐ Addition
CITY		14. NAME	☐ Change ☐ Addition
CITY		15. NAME	☐ Change ☐ Addition
CITY		16. NAME	☐ Change ☐ Addition
CITY		17. NAME	☐ Change ☐ Addition
CITY		18. NAME	☐ Change ☐ Addition
CITY		19. NAME	☐ Change ☐ Addition
CITY		20. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 196(1)(2) Florida Statute. 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 removal or transfer of director empowered to execute this report as required by Chapter 196, Florida Statute, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

/s/ Harold Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 (365) 620,090
Tallahassee, Florida