

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90016 006 \*\*\*150.00

**DOCUMENT # P94000005052**

1. Corporation Name

**HAIR WORKS OF SOUTH FLORIDA, INC.**



Principal Place of Business

% DIANE EDGERTON  
840 E. OAKLAND PARK BLVD.. #116  
OAKLAND PARK FL 33334

Mailing Address

% DIANE EDGERTON  
840 E. OAKLAND PARK BLVD.. #116  
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/12/1994**

4. FEI Number

**59-2953276**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EDGERTON, DIANE  
400 SW 17TH ST  
FT. LAUDERDALE FL 33315**

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. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
EDGERTON, DIANE  
400 SW 17TH ST  
FORT LAUDERDALE FL 33315**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/99**

Date

Daytime Phone #

CR2E034 (5/99)

Raymond M. DiRocco, CPA  
Licensed in Florida  
Allan B. Dombrow, CPA  
Licensed in Florida, New Jersey, Texas

P 940 00005052  
Commercial Point Plaza  
3601 W. Commercial Blvd.  
Suite 22  
Ft. Lauderdale, FL 33309  
Tel: (954) 731-8181  
Fax: (954) 739-1054  
593/50-90016-6

## DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

July 7, 1999

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

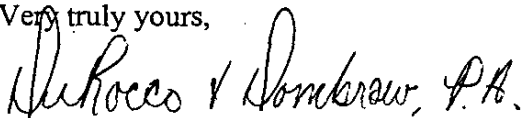
RE: Late Annual Report Filing

Gentlemen,

Our client received the attached late notice concerning the filing of the Annual Report. We feel that the imposition of a penalty of \$400.00 is not warranted in this situation. Our client is in the habit of turning over to us all correspondence received from any governmental agency. It is apparent that they never received the first notice, or we would have known about it.

We are enclosing a check in the amount of \$150.00 to cover the annual filing fees. Please accept this amount and cancel the late charges.

Very truly yours,



DiRocco & Dombrow, P.A.

Enclosures