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**

DOCUMENT # P94000020126

1. Corporation Name

MECHANICS FOR HAIR, INC.

))(40 101)(4	
Principal Place of Business Mailing Address									
2652 ATLANTIC BLVD. 2652 ATLANTIC BLVD.									
JACKSONVILLE	FL 32207	JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						03/11/1994			
2 Principal P	face of Business	2a. Mailing Address			-	4. FEI Number		7	Applied For
Z. FIIIGPAIF		26				59-3228609	. >	-	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee F	Required
City & Stat	'e ; ; ; ; ;	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23 77 +		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry	_	8. This corporation owes the curre	ent year Inta	ngible	• /
24 3/=	/ 25	29	10		_	Personal Property Tax.		Yes	X No
,,	9. Name and Address of Current	t Registered Agent				10. Name and Address of New F	Registered A	gent	
			8	11	Name				
	SON, LOUISE P		A	2 :	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	GREEN STREET		ا	<u> </u>	OLOGI MUUTO				
JACH	KSONVILLE FL 32205		8	33					
			Ļ	14	City			85 Zij	p Code
			ľ	*	City		FL	85 -1	, 0000
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was aut	nonzea c	วง เก	named corpo le corporation	oration submits this statement for the in's board of directors. I hereby acces	purpose of o pt the appoin	inanging i itment as	ts registered registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statute	es.	·				
SIGNATURE							DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					ignature required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	TORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO UP	LICERS ANI	Change	
TITLE	•	L-I DECE-IL	1.1 VIICE	_					_
NAME	WILSON, LOUISE				DDRESS				
STREET ADDRESS			1						
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-5 2.1 TITLE		GP -		 -	Change	e Addition
TITLE									_
NAME			2.2 NAMI		DODESS				
STREET ADORESS		استرجي	2.3 STRE		1	•	e traks		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY 3.1 TITLE		<u> </u>			Change	e 🔲 Addition
TITLE			3.2 NAM	•					
NAME	}				ODDEĆĆ				
STREET ADORESS	1				DDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITL		<u> </u>			Chang	e Addition
TITLE					ţ				
NAME			4. 2 NAN		DODEGO				
STREET ADDRESS	1				DORESS				
CITY-ST-ZIP		□ DELETE	4.4 CITY		ZIP			☐ Chang	e Addition
TITLE		☐ DELETE	5.1 TITLI 5.2 NAM						
NAME			I .		DDOCCC				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		Dariere	5.4 CITY 6.1 TITL		ZIP			Chang	ge Addition
TITLE		☐ DELETÉ			}			; criang	□ Wanninii
NAME			6.2 NAM		DODE-00				
STREET ADDRESS			6.3 STR	EETA	DDRESS				

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

UKUUISE

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90054 036 ***150.00