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

DOCUMENT # i. Corporation Name P94000046021

INTRIGUE STYLES, INC.

FILED Aug 31, 1999 8:00 am Secretary of State 08-31-1999 90003 004 ***150.00

imapai Piavo	of Rusinars	Mailing Addres								
•		· ·								
3200 N. FEDERAL HIGHWAY CORAL RIDGE MALL FORT LAUDERDALE FL 33306		3200 N. FEDERAL HIGHWAY CORAL RIDGE MALL FORT LAUDERDALE FL 33306				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
	•					06/16/1994				
Principal Place of Business		2a. Mailing Address				4. FEI Number				
		26				16-0327322 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30 C	ountry	,	This corporation owes the current year Intangible Personal Property.	ar Yes		No	
'	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name					
	rett, barbara • N. Federal Highway				Street Add	Address (P.O. Box Number is Not Acceptable)				
FOR	LAUDERDALE FL 33306				_					
				84 City			FL 85	Zip C	ode	
office or re	o the provisions of sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such cha	ange was authoriz	ed by	the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing ppointmen	j its regi i as regi	istered istered	
mallibe	Ignature, typed or printed name of registered ager	at and title if applicable.	(NOTE: Regi	stered A	cent signature reg	ulred when reinstating) DA	.TE			
1,7,70				3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
T	Р		DELETE 1.1	TITLE			a	nange	Addition	
	BARRETT, BARBARA		1.2	NAME						
2000 N EEDEDAL LIVO				etoca:	ADDRESS					

	P DELETE	1.1 TITLE Change Addition
	BARRETT, BARBARA	1.2 NAME
	3200 N FEDERAL HWY	1.3 STREET ADDRESS
	FT LADUERDALE FL	1.4 CITY-ST-ZIP
· ·	DELETE	2.1 TITLE Change Addition
		2.2 NAME
I AUUSUS S		2.3 STREET ADDRESS
710		2.4 CITY-ST-ZIP
· · · · · · · · · · · · · · · · · · ·	OELETE	3.1 TITLE Change Addition
.		3.2 NAME
I AINDHI SIS		3.3 STREET ADDRESS
-: 20		3.4 CITY-ST-ZIP
-	DELETE	4.1 TITLE Change Addition
1		4.2 NAME
_ I ALIUKESS		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
	DELETE	5.1 TITLE : Change Addition
		5.2 NAME
_: =1.81841_123		5.3 STREET ADDRESS
. 102		5.4 CITY-ST-ZIP
	DELETE	6.1 TITLE Change Addition
		6.2 NAME
I AÜÜROLIŞI		6.3 STREET ADDRESS
	A STATE OF THE STA	6.4 CITY-61-ZIP
	att at a training the second of the second supplies for the	exemption stated in costion 119 07(3)(i). Florida Statutes I further certify that the information

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 turther 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 automatic statutes.

To Whom it my Concern. I did not recieie a gliat notice it call your Africe They told me to wait. Now of receive a 2 nd notice of called & spoke To Shaw He OF 150, or SEND in the payment 1609h0339AbA C56017