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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P94000051981 (6)

A TOUCH OF ELEGANCE HAIR CARE INC.

Principal Place of Business Mailing Address 1381 SUNSET STRIP 1381 SUNSET STRIP SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0513010 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DONALDSON, BARDINA 1381 SUNSET STRIP 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 83 84 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 reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE ☐ Change DONALDSON, BARDINA NAME 1.2 NAME 8050 NW 45TH STREET ADDRESS 1.9 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE DONALDSON, WILLIAM 2.2 NAME NAME 8050 NW 45TH ST. STREET ADDRESS 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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5.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3 3 STREET ADDRESS

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

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64 CITY-ST-ZIP 14. Thereby 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:

Ordain

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CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

LAUDERHILL FL

**FILED** 

May 04 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Addition

Addition