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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000055699 (0)

STARR HAIR DESIGNS, INC.

FILED Feb 17 1998 8:00am Secretary of State



Principal Pla		No. 10 Augustus			l l	#801486 #1044 #1044 FEBRA	SALLE SALLE SALLE S.	IN THE STREET	
	ice of Business	Mailing Address	_						
	OOD STREET E SPRINGS FL 32714	622 WILDWOOD STREE ALTAMONTE SPRINGS							
ALTAMONT	C OFFINOS TE SETT	ALIAMONIC SERINGS	rL 92714			DO NOT	WRITE IN THIS	SPACE	
						3. Date incorporated or Qua	lified		······································
						08/01/1994			
2. Principal	Place of Business	2a. Mailing Address			4	4. FEI Number		1	Applied For
21		26				<u>59-3257528</u>			Not Applicable
Suite, Ap	t.#, etc	Suite. Apt #, etc			. ا	5. Certificate of Status Desir	ed 🔏		Additional
2		27							Required
City & Sta	ate	City & State			1	6. Election Campaign Finan	cing 🔲		May Be
Zip	Country	28 Zip	Countr		 	Trust Fund Contribution			d to Fees
4	25	29	30	,	'	This corporation owes or Personal Property Tax du	•		ntangibie No
41	9. Name and Address of Curren		130		10	0. Name and Address of N			<u> </u>
М	ARTIN, JOSEPH G		81	Na					
	22 WILDWOOD STREET		<u></u>	1					
	LTAMONTE SPRINGS FL 32714		82	2 Str	eet Address	(P.O. Box Number is Not Ac	ceptable)		
~	LIMMONIE OF NINGO FE 327 14		83	3					
				1			-		
			B4	Cit	у	•	Ei	85 Zip	o Code
44 Dureugo	to the provinces of Eastware 607 (V.0	2 and CO7 1509 Florida Stati	tos the obe	(0.005	nod normani	tion authorite this atatament fo	y the purees	et changing	ite registere
office or	l to the provisions of Sections 607.05.0 registered agent, or both, in the State am familiar with, and accept the obligi	of Florida Such change was	authorized b	y the	corporation's	s board of directors. I hereby	accept the ap	pointment a	s registered
agent 1	am familiar with, and accept the obliga-	ations of, Section 607 0505, F	lorida Statute	es.					
SIGNATURE	Signature, type of or posited name of regetered age		16 Registered Ac				DATE		
		and several terres to Wildeline serves (DMC)							
10	MA 29 TOLLEY	D DIRECTORS		Seut BiSt	alure required wn			DIRECTO	DRS IN 12
	OFFICERS AN		13.	gant sign	alure required with	ADDITIONS/CHANGES TO			
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indicated on this annual report or supplied with this introduced for the exemption stated in Section 119.07(3)t), Fioritia Statutes. I further certify that the information indicated on this annual report for supplemental ribriual 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.