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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000057710 1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

TREND SETTERS HAIR SALON, INC.

	01 W MARIO NTA GORDA	ON AVE #104 A FL 33950		1601 W MARION AVE #104 PUNTA GORDA FL 33950									
											TE IN THIS	SPACE	<u></u>
								i i	te Incorporated or	r Qualifed			
									3/04/1994				
2.	Principal F	Place of Business	2a. I	Mailing Address				4. FE	l Number				Applied For
21			26					65	5-0528385			1	Not Applicable
	Suite, Apt.	#, etc.		Suite, Apt. #, etc				<b>5</b> C-		Denised.		\$8.75	Additional
22			27					5. Ce	ertifcate of Status I	Jesirea		Fee F	Required
	City & Sta	ite		City & State				6. Ele	ection Campaign F	inancing		\$5.00	May Be
23			28					1	ust Fund Contribut	-		•	to Fees
Г	Zip	Country	7	Zip	Co	untry		8, Thi	is corporation owe	es the curre	ent vear Int		
24		25	29		30				rsonal Property Ta		, u	☐ Yes	□No
		9. Name and Address of Curr	ent Registe	ered Agent					me and Address		egistered	Agent	
	1	***		1 1 1 1		81	Name		-				
	MO(	ORE, JAMES E III											
	162	5 W MARION AVE SUITE 2				82	Street	Address (P.O.	Box Number is No	ot Accepta	ble)		
	P⊌N	NTA GORDA FL 33950				83			32 B 23		<del></del>		
						65				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
						84	City			<del>- !! - :</del>	E I	85 Zip	Code
11	Pursuant	to the provisions of Sections 607 0	502 and 607	7 1508 Florida S	tatutes the	2h0/6	a-named	corporation cul	hmite this stateme	ot for the	nurnosa of	changing if	o rogistorod
FC	office or a gent. I a	t to the provisions of Sections 607.0 registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida gations of, S	Such change volume of the Section 607.0505	vas authorize 5, Florida Sta	d by tutes.	the corpo	oration's board	of directors. I her	eby accept	t the appoi	ntment as r	egistered
SI	GNATURE	•											
		Signature, typed or printed name of registered a	gent and title if a	ppticable.	(NOTE: Registere	d Agent	t signature re	required when reinsta	ating)		DATÉ		<del></del>
12		OFFICERS A		TORS	13.		t signature re		ating) DITIONS/CHANGE	S TO OFF		D DIRECT	ORS IN 12
12 πι		OFFICERS A			13.		t signature re			S TO OFF		D DIRECT	
	LE	OFFICERS A		TORS	13. E 1.1 T		t signature re			S TO OFF			
7TTL NAM	LE	P BOUDREAU, ROBERT		TORS	E 1.1 T	TTLE NAME	t signature re			S TO OFF			
NAM STR	LE ME REET ADDRESS	P BOUDREAU, ROBERT 63 TROPICANA DRIVE		TORS	E 1.1 T 1.2 N 1.3 S	TTLE NAME STREET	ADDRESS			S TO OFF			
NAM STR	LE ME REET ADORESS Y-ST-ZIP	OFFICERS A P BOUDREAU, ROBERT		TORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TITLE NAME STREET CITY-ST	ADDRESS			S TO OFF		☐ Change	Addition .
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90070 019 \*\*\*150.00

941-637 · 8786