

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90193 034 \*\*\*150.00

DOCUMENT # P94000065143

1. Corporation Name  
THE MANE SWITCH, INC.

Principal Place of Business  
1657 FORUM PL  
WEST PALM BEACH FL 33401

Mailing Address  
1657 FORUM PL  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/30/1994

4. FEI Number  
65-0518142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, KAREN  
315 RILYN DR  
WEST PALM BEACH FL 33405

81 Name  
KAREN STEPHENS (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

952 PASEO PALMERA

W. PALM BEACH

84 City

FL

85

Zip Code  
33405

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

*K. Stephens*

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

4-26-99

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STEPHENS, KAREN  
STREET ADDRESS  
315 RILYN DR.  
CITY-ST-ZIP  
WEST PALM BCH FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
252 PASEO PALMERA  
1.4 CITY-ST-ZIP  
West Palm Beach, FL 33405

TITLE ☐ DELETE

NAME  
TOROS, MAGALI SILVA  
STREET ADDRESS  
1700 EMBASSY DR. #402  
CITY-ST-ZIP  
WEST PALM BCH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
DUKESHIRE, EFTHEMIA TINA  
STREET ADDRESS  
4881-C ALDER DR.  
CITY-ST-ZIP  
WEST PALM BCH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*K. Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

561-687-3449

Daytime Phone #

CR2E034 (1/98)