

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
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 99 AUG 17 AM 8:24

DOCUMENT # **994000070198**
 1. Corporation Name
A.A. DISCOUNT BEAUTY SUPPLY INC

Principal Place of Business Mailing Address
**1014 SOUTH 56 AVENUE
 HOLLYWOOD, FLORIDA 33023**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEJ Number	Applied For
21 1014 SOUTH 56 AVENUE	26 1014 SOUTH 56 AVE	65-0520601	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State HOLLYWOOD, FLORIDA	28 City & State HOLLYWOOD, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33023	25 Country U.S.A	29 Zip 33023	30 Country U.S.A
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PETER B. ANAJE
1014 SOUTH 56 AVENUE
HOLLYWOOD, FLORIDA 33023

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
S A M E
 B3
 B4 City
FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	12 NAME	
STREET ADDRESS	PETER ANAJE	13 STREET ADDRESS	400002967654--7
CITY-ST-ZIP	1014 SOUTH 56 AVE, HOLLYWOOD 33023	14 CITY-ST-ZIP	-08/24/99--01010--009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***150.00 ***150.00
NAME	VICE PRESIDENT	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ANNMARIE ANAJE	2.3 STREET ADDRESS	
CITY-ST-ZIP	1014 SOUTH 56 AVENUE HOLLYWOOD, FL 33023	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **7/24/99** PHONE: **954-961-6273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

7/24/99

Dear Sir,

This form was late because I never received the original form and when I call for them to send me the duplicate, it took so long for me to receive it. I called your department more than twice before I could get this form.

Please accept my apology.

Sincerely
Peter Anage