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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000073726**1. Corporation Name

SENSATIONS HAIR DESIGN, INC.

1	e of Business	-	Mailing Address								
1 1429 KASS CIR SPRING HILL FL 34606		1425 KASS CIRCLE Spring Hill Fl 34606							÷		
SPRING HILL P	1, 34606	US US	ILL FL 34000					DO NOT WE	UTE IN THIS	SPACE	
		•••					3. Date Incorp	orated or Qualifed	t		
							10/07/19	94			
2. Principal P	Place of Business	2a. Mailin	g Address				4. FEI Numbe			· A	pplied For
21		26					59-32719	936		N ₁	ot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.	•			5 Cartifecte o	f Status Desired		\$8.75	Additional
22		27					3. Certificate C	o Status Desired	٠	Fee R	equired
City & Stat	te	City &	State				6. Election Ca	mpaign Financing	' <u> </u>	\$5.00	May Be
23		28					Trust Fund	Contribution	LJ	Added	to Fees
Zip	Country	Zip		Cour	ntry			ation owes the cu	rrent year In	\	
24	25	29		30				roperty Tax.		Yes	□No
	9. Name and Address of Cui	rrent Registered A	Agent		81 N	lame	10. Name and	Address of New	Registered	Agent	
MCN	NIFF, GINA	•			ו ויט	vanie				÷	
	KASS CIRCLE				82 S	Street Addre	ess (P.O. Box Nur	nber is Not Accep	table)		
	ING HILL FL 34606			-	83		•		en a nouve se	12 1 1 1 1 1 1 1 1 1	Court Privates
					63						
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44.5		0500 1 007 4500	n Freder Class						FL	s	
office or r	to the provisions of Sections 607. registered agent, or both, in the St	ate of Florida. Such	h change was a	uthorized	by the	e corporatio	oration submits thi on's board of direct	s statement for the ors. I hereby acce	e purpose or ept the appoi	changing its intment as re	s registered egistered
agent. I a	m familiar with, and accept the ob	ligations of Section	n 607 0505. Eta	urida Statut				•		•	
1	, ,	3	11 001.0000, 1 10	rica Statu	ites.						
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SIGNATURE	Signature, typed or printed name of registered OFFICERS		le. (NOTE	Registered A	Agent sig	mature required	ADDITIONS/	CHANGES TO O			
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6.4 CITY-ST-ZIP 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 of 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 from an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90034 009 ***150.00