

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90091 036 ***150.00

DOCUMENT # P95000023745

1. Corporation Name

MIKE'S BLONDE-D, INC.

Principal Place of Business

4591 S.E. HANOVER COURT
STUART FL 34997

Mailing Address

4591 S.E. HANOVER COURT
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2501664

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKHART, DEB
4591 S.E. HANOVER COURT
STUART FL 34997

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRKHART, MICHAEL	
STREET ADDRESS	4591 S.E. HANOVER COURT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KIRKHART, DEB	
STREET ADDRESS	4591 S.E. HANOVER COURT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKHART, DAVID	
STREET ADDRESS	3101 SE SLATER ST.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKHART, MATHEW	
STREET ADDRESS	4591 SE HANOVER CT.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKHART, CHRISTIAN	
STREET ADDRESS	4591 SE HANOVER CT.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKHART, NICOLE	
STREET ADDRESS	4591 SE HANOVER CT.	
CITY-ST-ZIP	STUART FL 34997	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)