

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045837

1. Corporation Name

OPRAH BEAUTY SUPPLY, INC.

Principal Place of Business

6065 West Sunrise Blvd.
Sunrise, FL 33313

Mailing Address

6065 West Sunrise Blvd.
Sunrise, FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 6, 1995

4. FEI Number
65-0583815

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MOHAMED ABU ABDIN
6065 West Sunrise Boulevard
Sunrise, FL 33313

10. Name and Address of New Registered Agent

81 Name LOUAY ABDIN
82 Street Address (P.O. Box Number is Not Acceptable)
83 6065 West Sunrise Boulevard
84 City Sunrise FL 85 Zip Code 33313

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.

LOUAY ABDIN, Registered Agent

December 4, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME AMMAR A. ABDIN
STREET ADDRESS 606 SW Sunrise Boulevard
CITY-ST-ZIP Sunrise, FL 33313

☒ DELETE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-T-S-D
1.2 NAME LOUAY ABDIN
1.3 STREET ADDRESS 6065 West Sunrise Boulevard
1.4 CITY-ST-ZIP Sunrise, FL 33313

☒ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE 200003033862--6
-12/13/99--01805--028
3.2 NAME *****17.50 *****17.50
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 200003033862--6
-11/03/99--01054--006
6.2 NAME *****43.75 *****43.75
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

T. LEWIS DEC 9 1999

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

December 4, 1999 561-901-8946

Date

Daytime Phone #

Amended: \$61.25

FILED

99 DEC -9 PM 4: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/98)