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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF:TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90016 043 ***150.00

DOCUMENT # P95000070787 ELEGANT HAIR BY MARIA, INC.

Principal Place of Business 4522 HOFFNER AVE ORLANDO FL 32812 US ORLANDO FL 32837 US ORLANDO FL 32837 US DO NOT WRITE IN THIS SPACE 3. Date In torporated or Qualifed 09/12/1995 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Applied For Suite, Apt. #, etc. Suite, Apt. #, e								
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City & State City	Suite. Art	# etc.				_		
City & State 23	1		 		5. Certificate of Status Desired	Fee Re	quired	
20			_		6. Election Campaign Financing	\$5.00	Nay Be	
Zip	23		28			Trust F and Contribution	Added to	Fees
9. Name and Address of Current Registered Agent GOODRICH, MARIA C \$905 INTERNATIONAL DR OFLANDO FL 32819 11. Pursuant to the provisions of Sciolone 807 (500) and 607 (500). Florida Statutes, the above-named occoporation autumits this statement for the purpose of sciolone 807 (500) and 607 (500). Florida Statutes, the above-named occoporation autumits this statement for the purpose of sciolone 807 (500) and 607 (500). Florida Statutes, the above-named occoporation autumits this statement for the purpose of sciolone 807 (500) and 607 (500). Florida Statutes, the above-named occoporation autumits this statement for the purpose of sciolone agent and familiar with, and at cept the obligate in sort of sciolone 607 (500). Florida Statutes SIGNATURE SIGNATURE SIGNATURE SIGNATURE QUARTIES (DIRECTORES ANI) DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P		Coun ry	Zip	Country		This corporation owes the current year		
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SSOS INTERNATIONAL DR ORLANDO FL 32819 84 CIRY FL 85 ZIP C xde 85 CIRY FL 85 ZIP C xde 11. Pursuant to the provisions of Scotions 607.0502 and 607.1508, Florida Statutes. He above-named oxporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE Signature, type or present agent and file of progressed agent and file of progressed agent and sporarized agent and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, type or present agent agent agent and file of sporarized Agent agents and the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, type or present agent agent agent agent agent and state of Florida. Such change was authorized by the corpor tion's board of circctors. I hereby accept the approximent as reg stered agent, and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, type or present agent a	600	ADDICH MADIA C		011	Name			
ORLANDO FL 32819 84				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature, type or present are five or degree and soft of the provisions of Sc clions 807.0502 and 807.1508, Florida Statutes, the above-named oct poration submits this statement for the purpose of changing its registered office or registered agent, or bo it, in the State of Florida, Such change was authorized by the corporation's board of circotors. I hereby accept the app ointment as registered agent, or bo it, in the State of Florida, Such change was authorized by the corporation's board of circotors. I hereby accept the app ointment as registered agent, or bo it, in the State of Florida, Such change was authorized by the corporation's board of circotors. I hereby accept the app ointment as registered agent, or bo it, in the State of Florida, Statutes. SIGNATURE Signature, type or present are five or degree agent and leaf applicable. (NOT 5. Regulated Agent algorithms for the applicable of Change agent				0.2				
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T1. Pursuant to the provisions of Scittons 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or bo h, in the State of Floridas, submits and statement for the purpose of changing its registered agent, or bo h, in the State of Floridas submits and statement for the purpose of changing its registered officer or registered agent, or bo h, in the State of Floridas submits and statement for the purpose of changing its registered of several registered agent and floridate agent and state it applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P NAME GOODRICH, MARIA STREET ADORESS GITY-ST-ZP TITLE OELETE 11 TITLE OELETE 11 TITLE Addition Addition 12 NAME 12 NAME 13 STREET ADORESS CITY-ST-ZP TITLE OELETE 14 CITY-ST-ZP TITLE OELETE 14 TITLE OELETE 15 TITLE OELETE 16 TITLE OELETE 17 TITLE OELETE 18 TITLE OELETE Addition				84	City		85 Zip C	ode
office or registered agent, or bo h, in the State of Florida. Such change was subtonized by the corport tion's board or freedors. I neverty accept time alt formation agent, and a recept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	44 Pursuant	to the provisions of Sections 607.05	ing and 607 1508. Florida Statu	utes the above	-named ccrr	poration submits this statement for the nurpose	of changing its	registered
Agent. am familiar with, and all cept the obligations of, Section 607-0945, Finance Statutes. SIGNATURE Signature, broad or printed no no of inglatered agent and tee if applicable. (NOT it Registered Agent signature req. and when remissating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS. AND DIRECTORS IN 12 TITLE P MAME GOODRICH, MARIA 12 NAME 13 STREET ADDRESS OTK-ST-ZP ORLANDO FL 32812 DELETE 14 CITY-ST-ZP TITLE DELETE 22 NAME 23 STREET ADDRESS OTK-ST-ZP TITLE DELETE 33 STREET ADDRESS OTY-ST-ZP TITLE DELETE 44 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE 45 NAME 45 STREET ADDRESS CITY-ST-ZP TITLE DELETE Addition Additio	l office cro	egistered agent, or bolh, in the State	e of Florida. Such change was	Huthorized by	the corporati	ion's board of ∈irectors. I hereby accept the app	ointment as reg	stered
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12.	SIGNATURE	Standura typed or printed name of registered ag	ent and title if applicable. (NO*	Registered Agen	nt signature require	ed when reinstating) DATE		
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14. I hereby certify that the information supplied with this fill does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliementa annual report for true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver of 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

16,1979 407 8554760