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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90004 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000084399**

1. Corporation Name

KELTIC-MAN-HAIR-SALON, INC.

Principal Place of Business

**1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334**

Mailing Address

**1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

65-0616418

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.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**CANNON, BRENDA
1800 N ANDREWS AV
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANNON, BRENDA	
STREET ADDRESS	300 NE 60ST	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDGEWAY, EMMA	
STREET ADDRESS	300 NE 60 ST	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIDGEWAYM COLIN	
STREET ADDRESS	300 NE 60 ST	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RIDGEWAY, MARK	
STREET ADDRESS	300 NE 60 ST	
CITY-ST-ZIP	OAKLAND PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRENDA CANNON	
1.3 STREET ADDRESS	4410 BOBBIANVILLE DR.	
1.4 CITY-ST-ZIP	LOS FT LAUDER FL 33308	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EMMA RIDGEWAY	
2.3 STREET ADDRESS	4410 BOBBIANVILLE DR	
2.4 CITY-ST-ZIP	LOS FT LAUDER FL 33308	
3.1 TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARK RIDGEWAY	
4.3 STREET ADDRESS	4410 BOBBIANVILLE DR	
4.4 CITY-ST-ZIP	LOS FT LAUDER FL 33308	
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:

BOBBIANVILLE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)