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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085278

1. Corporation Name

THENING HEADS HAID STUDIO INC.

TURNING READS HAIR STUDIO, INC.					
Principal Place of Business	Mailing Address				
14718 NW 7TH AVE MIAMI FL 33168	14718 NW 7TH AVE MIAMI FL 33168				
2. Principal Place of Business	2a. Mailing Address				

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90014 001 ***150.00



Principal Place	e of Business	Mailing Address								
14718 NW 7TH AVE 14718 NW 7TH AVE MIAMI FL 33168 MIAMI FL 33168					DO NOT	WRITE IN THI	S SPACE			
						3. Date Incorporated or Qua 11/06/1995	alifed			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Α	pplied For	┨,
21	idos or Edomose	26				65-0619715			lot Applicable	1 🗒
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional	1 ?
22		27				5. Certifcate of Status Desi	reaLi	Fee F	Required	
City & State	е	City & State				Election Campaign Finar Trust Fund Contribution	ncing		May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes th	e current year l	ntangible		
24	25	29	30			Personal Property Tax.		Yes	□N ₀	1
	9. Name and Address of Cu	irrent Registered Agent		ļ <u>, </u>		10. Name and Address of	New Registered	d Agent		-
		•		81 Na	me					
	.DITZ, PATRICIA 18 NW 7TH AVE			82 Str	eet Addres	ss (P.O. Box Number is Not A	cceptable)			
MIAI	MI FL 33168			83			面台對於			
				84 Cit	y	- 3 3	#5378 457.85 <u>1</u> 5 - 2 - 2	85 Zip	Code	1
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11. Pursuant	to the provisions of Sections 607	' OSUZ AND BUZ 1508. FIGIDA SIAL					or the purpose t	or undinging i	o regional	
office or re agent. I a	onictored agent or both in the S	state of Florida. Such change was bligations of, Section 607.0505, F	authorized Iorida Stat	toy the cutes.	corporation	ration submits this statement f i's board of directors. I hereby	accept the app	ointment as i	egistered	
office or re agent. I as	egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registere	state of Florida. Such change was bligations of, Section 607.0505, F ad agent and title if applicable. (NO	authorized Iorida Stat TE: Registered	toy the cutes.	corporation	ns poard of directors. I hereby	DATE			a a
office or reagent. I as	registered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registere OFFICER:	state of Florida. Such change was bligations of, Section 607.0505, F and agent and title if applicable. (NO S AND DIRECTORS	authorized lorida Stat TE: Registered	Dy the Cutes.	corporation	when reinstating) 1 1 2 2 3 1 ADDITIONS/CHANGES T	DATE	AND DIRECT	ORS IN 12	11/08)
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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 the first of the corporation of 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 the first of the corporation of the receiver of trustee empowered.