

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013610 (6)

1. Corporation Name

HILLVIEW HAIR FASHIONS, INC.



Principal Place of Business

1831 S OSPREY
SARASOTA FL 34239

Mailing Address

1831 S OSPREY
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 609 N. WASHINGTON BLVD

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

65-0641784

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

27

Zip

24 34236

Country

25 SARASOTA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ANDERSON, SCOTT
2033 MAIN ST, SUITE 307
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

RONALD FORTIN

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

5820 HELEN WAY

83

84 City

SARASOTA

FL

85 Zip Code

34243

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

Ronald Fortin

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

(NOTE: Registered Agent signature required when reinstating)

4/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LESMERISES, MARY

STREET ADDRESS 1831 S OSPREY

CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME LESMERISES, JOSEPH C

STREET ADDRESS 7137 QUEEN PLAM CIRCLE

CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ DELETE

NAME FORTIN, RONALD

STREET ADDRESS 5670 COUNTRY LAKES DRIVE

CITY-ST-ZIP SARASOTA FL 34243

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

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 ☐ Change ☐ 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.

SIGNATURE:

Ronald Fortin

RONALD FORTIN

4/12/98 (941) 365-2911

CR2E034 (10/97)