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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014025

HAIR LOFT, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90019 050 ***150.00



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	ce of Business	Mailing Address				_			
3897 NORTHDALE BLVD TAMPA FL 33624 TAMPA FL 33624						İ			
TAMPA FL 33624 TAMPA FL 33624					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
	15 April 10					02/12/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21	्रदेशक भारत देशका है	26				59-3369512		<u> </u>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				, i			Additional
22	en el de la companya	27				5. Certifcate of Status Desired			equired
City & Stat	te	City & State	7		-	6. Election Campaign Financing		\$5.00	May Be
23	"一"的"特殊"的"一	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent year Int	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent	-			10. Name and Address of New	Registered	Agent	
	NATI IOAREI			81	Name				
MALNATI, ISABEL				82	Street Address	Idress (P.O. Box Number is Not Acceptable)			
3897 NORTHDALE BLVD						diess (r.e. box hamber is not receptable)			
IAM	IPA FL 33624			83					
				84	City		· · · · · ·	85 Zip	Code
manages greatly assessed	21 T A				•		FL	.	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607 1508, Florida Statu	ites, the a	bove-	named corpor	ation submits this statement for the	purpose of	changing its	registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stati	ibytr utes.	ne corporation	is board of directors. I hereby acce	pt the appoi	ntment as re	egisterea
}									
CICNATUDE		•							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered	Agent s	signature required w	vhen reinstating)	DATE		
SIGNATURE	OFFICERS A	ND DIRECTORS	E: Registered	Agent s	signature required w	when reinstating) - ADDITIONS/CHANGES TO OF			
	OFFICERS AI				signature required w			ID DIRECTO	ORS IN 12
12.	OFFICERS AI D MALNATI, ISABEL	ND DIRECTORS	13.	TLE	signature required w				
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TI 1.2 N/	TLE NME	signature required w				
12. TITLE ·	OFFICERS AI D MALNATI, ISABEL	ND DIRECTORS ☐ DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	TLE NME	ADDRESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AI D MALNATI, ISABEL 3897 NORTHDALE BLVD	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE NME REET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT D MALNATI, ISABEL 3897 NORTHDALE BLVD TAMPA FL 33624	ND DIRECTORS ☐ DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Cr	TLE AME REET A TY-ST-:	ADDRESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE.	OFFICERS AT D MALNATI, ISABEL 3897 NORTHDALE BLVD TAMPA FL 33624 D	ND DIRECTORS ☐ DELETE	13. 1.1 TI 12 N/ 1.3 ST 1.4 CF 2.1 TI 22 N/	TLE AME REET A TY-ST-: TLE	ADDRESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME	OFFICERS AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF TAMPA FL 33624 D MALNATI, ASTRID	ND DIRECTORS ☐ DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TLE AME REET A TY-ST-: TLE	ADDRESS ZIP ADDRESS			Change	☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)