

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

FILED  
May 22 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 # P96000037841 (9)

1. Corporation Name

HAIR 4 U, INC.

Principal Place of Business

2031 W. OAKLAND PARK BOULEVARD  
UNIT A  
FT. LAUDERDALE FL 33311

Mailing Address

2031 W. OAKLAND PARK BOULEVARD  
UNIT A  
FT. LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

65-0658983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1502 N.W. 19 STREET

Suite, Apt. #, etc.

City & State

23 FT LAUDERDALE

24 33311

25 U.S.A

2a. Mailing Address

26 3204 N.W. 104 TERRACE

Suite, Apt. #, etc.

City & State

27 SUNRISE, FL

29 33351

30 U.S.A

10. Name and Address of New Registered Agent

81 Name

LORNA C. WALKER

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

1502 NW 19 STREET

83

84 City

FT LAUDERDALE FL

85 Zip Code

33311

9. Name and Address of Current Registered Agent

WALKER, LORNA C

2031 W. OAKLAND PARK BOULEVARD  
UNIT A  
FT. LAUDERDALE FL 33311

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

*Lorna Walker*

Signature type for public notice of registered agent change (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME WALKER, LORNA C  
STREET ADDRESS 2031 W. OAKLAND PARK BLVD., UNIT A  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ DELETE

TITLE ST  
NAME WALKER, NICOLE  
STREET ADDRESS 3204 NW 104TH TERRACE  
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE LORNA C. WALKER  
1.2 NAME  
1.3 STREET ADDRESS 1502 N.W. 19 STREET  
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ Change ☐ Addition

2.1 TITLE NICOLE WALKER  
2.2 NAME  
2.3 STREET ADDRESS 3204 NW 104TH TERRACE  
2.4 CITY-ST-ZIP SUNRISE FL 33351

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

900002534459  
-05/26/98--01010--035  
\*\*\*150.00

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 in an attachment with an address.

SIGNATURE *Lorna Walker*

May 1 1998 954-5248710

CR2E034 (10/97)