1999



FLORIDA DEPARTMENT OF STATE

-Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000046970

T.N.T. BEAUTY SALON INC.

Principal Place of Business						
275 S.W. 27TH AVE.						
FT. LAUDERDALE FL 33312						

Mailing Address

275 S.W. 27TH AVE.

FT. LAUDERDALE FL 33312

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

04-23-1999 90241 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						07/01/1996			l
2 Principal Pl	ace of Business	2a. M	Mailing Address			4. FEI Number	Apr	lied For	
21	ace of Dualitiess	26	.a.iiiig / taai aaa			65-0674158		Applicable	
Suite, Apt. 1	#, etc.	+	uite, Apt. #, etc.	_		S Cortiforto of Status Desired		dditional	
22		27				5. Certificate of status besired	Fee Re	guired	
City & State	)	C	City & State				5.00	, ,	
23		28				Trust Fund Contribution F	Added to	Fees	ĺ
Zip	Country				8. This corporation owes the current year Intangib				ĺ
24	25 29 30				Personal Property Tax.			□No	
_ 3.5 <del>.5</del>	-9: Name and Address of Current:	Register	red Agent	81	Name	10=Name and Address of New Registered Agen			ĺ
. MOD	AC DANIEL A			[8]	Name	<u></u>			
MODAS, DANIEL A				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			ĺ
1215 SE 2ND AVE., #202				83					
FT. LAUDERDALE FL 33335				63	,				
				84	City	85	-Zip C	ode	=
				کرد حصیہ	المداد المستحدي	ا الله المتحققيين عليه المتحققيين عليه	1		1
11. Pursuant	to the provisions of Sections 607.0502	and 607. Florida.	.1508, Florida Statutes, Suct <b>Ze</b> hange was autho	the above orized by	e-named corp the corporation	poration submits this statement for the purpose of changon's board of directors. I hereby accept the appointment	pring its pras reg	jistered	
agent. I ar	n familier with, and accept the obligation	ns of, S	ection 607.0505, Florida	Statutes		4/20 K	79		
SIGNATURE	11111		1 xm	<u>^</u>					١.
	Signature, typed or printed name or registered agent OFFICERS AND			13.	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO	RS IN 12	٥
12. TITLE		DINEC	DELETE	1.1 TITLE			Change	Addition	3
	PD PDOWAL TERECA			1.2 NAME					3
NAME	BROWN, TERESA				ADDRESS				8
STREET ADDRESS	4170 INVERRARY DR #403			1.4 CITY-S				(	5
CITY-ST-ZIP	LAUDERHILL FL 33319		☐ DELETE	2.1 TITLE	1-21-		hange	Addition	(
TITLE	VD BDOWN LATACUA			2.2 NAME					
NAME	BROWN, LATASHA			2.3 STREET	T ADDRESS				1
STREET ADDRESS	4170 INVERRARY DR #403			2.4 CITY-S		•			
CITY-ST-ZIP	LAUDERHILL FL 33319		☐ DELETE	3.1 TITLE			Change	Addition	ļ
NAME				3.2 NAME				:	1
STREET ADDRESS			_	i	ADDRESS		سومر		=
CITY-ST-ZIP				3.4. CITY-5					
TITLE	,		☐ DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				1
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				ļ
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		•		
TITLE			☐ DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					1
STREET ADDRESS			. '	6.3 STREE	TADDRESS				1
				64 CITY-S	T-ZIP				1

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, pr on an attachment with an address, with all other like empowered.

SIGNATURE: