

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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000047923 (3)

1. Corporation Name

TED'S TEAM HAIR CONCEPTS, INC.



Principal Place of Business

423 N.E. 210TH CIRCLE TERRACE
APT. 101
MIAMI FL 33179

Mailing Address

423 N.E. 210TH CIRCLE TERRACE
APT. 101
MIAMI FL 33179-1849

2. Principal Place of Business

21 15332 NW 7 Ave

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33169

25 Country USA

2a. Mailing Address

26 15332 NW 7 Ave

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33169

30 Country USA

3. Date Incorporated or Qualified

06/05/1996

3a. Date of Last Report

4. FEI Number

65-0669201

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCRAE, THEODORE R
423 N.E. 210TH CIRCLE TERRACE
APT. 101
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name

McRae, Theodore R

82

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

15332 NW 7 Ave

83

84 City

Miami

FL

85 Zip Code

33169

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 607.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCRAE, THEODORE R
STREET ADDRESS 423 N.E. 210TH CIRCLE TERRACE APT. 101
CITY-ST-ZIP MIAMI FL 33179

TITLE VD
NAME MCRAE-TILLERY, MELISSA
STREET ADDRESS 423 N.E. 210TH CIRCLE TERRACE APT. 101
CITY-ST-ZIP MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VO
1.2 NAME MCRAE, THEODORE R
1.3 STREET ADDRESS 15332 NW 7 Ave
1.4 CITY-ST-ZIP Miami, FL 33169

2.1 TITLE SD
2.2 NAME MCRAE-TILLERY, MELISSA
2.3 STREET ADDRESS 15332 NW 7 Ave
2.4 CITY-ST-ZIP Miami, FL 33169

3.1 TITLE PC
3.2 NAME MCRAE, ADELE
3.3 STREET ADDRESS 15332 NW 7 Ave
3.4 CITY-ST-ZIP Miami, FL 33169

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

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

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

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Theodore R. McRae

CR2E034 (9/96)