

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

**FILED**

**09 MAR -5 PH12:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT **1998 1999**

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

**DOCUMENT # P 96000064014(9)**

1. Corporation Name  
**SandT HAIR, INC.**

Principal Place of Business Mailing Address

**BAY C-120  
801 S. UNIVERSITY DRIVE  
PLANTATION, FL. 33324** **SAME**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Sule. Apt. #, etc					Sule. Apt. #, etc				
City & State					City & State				
Zip					Zip				
Country					Country				

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**7/31/96**

4. FFI Number  
**65-0691371**

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

9. Name and Address of Current Registered Agent

**TEMKIN, RONALD E.  
616 ATLANTIC SHORES BLVD.  
SUITE A  
HALLANDALE, FL. 33009**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number)	<b>210002800632--6</b>
83	City	<b>03/10/93--01050--011</b>
84	City	<b>***150.00 ***150.00</b>
85	Zip Code	<b>FL</b>

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>VD BRAMOS, TINA</b>	<b>4919 NW 47 AVE</b>	<b>COCONUT CREEK, FL. 33093</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>PRESIDENT STEVEN WEISS</b>	<b>7255 NW 68TH ST.</b>	<b>PARKLAND, FL. 33067</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.04(3)(g), 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. I am an officer or director of the corporation or the promoter 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 the attachments to this address.

SIGNATURE: \_\_\_\_\_ **3-1-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)