SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90001 039 \*\*\*158.75

DOCUMENT # P96000073041											
BEAUTY	SUPPLIES FOR LESS INC.										
Principal Place	e of Business	Mailing Addr	ess					r somitable tim rated alste asker notice a	8111 <b>8\$</b> 111 18888	IANI <b>ar</b> n	i kikalılılı tanı
6837 MIRAMAR PARKWAY 6837 MIRAMAR PARKWAY							Į				
MIRAMAR FL 33023 MIRAMAR FL 33023								DO NOT WRITE	IN THIS SD	ACE	
							-	3. Date Incorporated or Qualified	11110 017		
							ļ	09/03/1996			
2. Principal P	lace of Business	2a. Mailing Address									Applied For
21		26	26								Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional			
22		27									Required
City & Stat	е	<u> </u>	City & State				]	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	28 Zip		Cour	ntn/			Trust Fund Contribution		Added	1 to Fees
Zip <b>24</b>	Country 25	Zip		30	iliy		l	<ol> <li>This corporation owes the current Intangible Personal Property.</li> </ol>		es [	No
24]	9. Name and Address of Currer		ent	1301				10. Name and Address of New Reg		=	<del></del>
····					81	Name					
	A, KHAIR L			-	82	Stroot /	Addres	s (P.O. Box Number is Not Acceptable	<u> </u>		
	S.W. 20TH STREET			1	02	SHOCK	Auules	S (F.O. DOX NUMBER IS NOT ACCEPTABLE		_	
MIRA	MAR FL 33023			ſ	83						l
				}	84	City			8	5 Zip	Code
									<u> FL</u>		
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, F	iorida Statute	es, the abo	ove-r	amed co	cration	tion submits this statement for the purp 's board of directors. I hereby accept t	ose of chang	ing its r	registered
agent. I a	am familiar with, and accept the oblig	ations of, section (	607.0505, Fi	orida Statu	utes.	ne corpe	Cialloi	a board of directors. Prioreby decept is	по арроппи		og.o.o.o.
SIGNATURE		140 15 8 11	·	OTC: Desire				d when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(N	13.	OU AG	aur siñi-arrii	ile redolle	ADDITIONS/CHANGES TO OFFIC		IRECT	ORS IN 12
TITLE	D	<u></u> Г	DELETE	1.1 TIT	LE		·			Change	
NAME	DISLA, JACQUELINE		1.2 NA	1.2 NAME		İ		_	-		
STREET ADDRESS	6417 S.W. 20TH STREET				1.3 STREET ADDRESS		l				i
CITY-ST-ZIP	MIRAMAR FL 33023			1.4 CITY-ST-ZIP					_		
TITLE	D			2.1 TITLE					Change	Addition	
NAME	DISLA, KHAIR			2.2 NA	ME	1	1				
STREET ADDRESS	6417 S.W. 20TH STREET			2.3 STF	REETA	DDRESS	]				
CITY-ST-ZIP	MIRAMAR FL 33023	<u>-</u>		2.4 CIT		MP.	<u> </u>				
TITLE		L	DELETE	3.1 TIT		-			Ш	Change	Addition
NAME				3.2 NA		1	1				
STREET ADDRESS						ODRESS	<b>\</b>				
CITY-ST-ZIP		<del></del>	7	3.4 CIT 4.1 TIT		ZIP	<del> </del>				
TITLE		L	DELETE	4.1 III		Ì	1		لــا	Change	Addition
NAME						DORESS					
STREET ADDRESS				4.4 CIT		1					
CITY-ST-ZIP TITLE	<u> </u>		DELETE	5.1 TIT			<del>                                     </del>			Change	Addition
NAME				5.2 NA	ME		]		لبب	J	
STREET ADDRESS						DDRESS	[				
CITY-ST-ZIP				5,4 CIT	Y-ST-	ZIP					
TITLE			DELETE	6.1 TIT	LE		1			Change	Addition
NAME	<del></del>		~	8.2 NA	ME -						
STREET ADDRESS				6.3 STF	REETA	DORESS	1				
CITY OT 310	Į.			SACIT	Y.ST.	710a l	l				

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 changes, or of an attachment with an address.

SIGNATURE:

8-2-99

## Pale 000013041 6025166-9001-39

	8-2-99
	To whom this may
	Concern
<del> </del>	
	We did not recive any
	notice the first times for
	this to be the second notice.
	We can't afford to pay
	the carry at the part
	the first notice, who at
	fault?
	We do not know why we
<b>D</b> .	didn't recive the first notice
	But we have you are
	Trenient to us and understand.
	our problem.
	We are sending you our
	normal filling fee of \$1500
	plus 8,75 for certificate of
	Status-
	thankyor
	Ha.
-	KHAIR L DISLA
	Beauty Supplied for Loss We 6827 myramor Akuy
	Beauty Supplies for Less INC 6837 miramor Akuy.
	A 954 986 0449
	cell# - 24HRs> 954 559-5101