PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90202 011 ***150.00

DOCUMENT # P97000000517

1. Corporal on Name

UPPER CUTS OF ORLANDO, INC.

Principal Place	n of Business	Mailing Address						
8885 WEST COLONIAL DRIVE 1212 RED DANDY DRIVE					1			
OCOEE FL 34761 ORLANDO FL 32818						*** **** ***		
					DO NOT WRITE 3. Date incorporated or Qualifed	IN THIS SPACE		
ļ					01/01/1997		Ì	
2 Prince P	loce of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
⊢ '	rincipal Place of Business 2a. Mailing Address				59-3423868	<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt, #, etc.				\$8.75 A	cditional	
22		27			5. Certificate of Status Desired	Fee Re	Fee Required	
City & Stat					_6_Election Campaign Financing	\$5.00	Nay Be	
23		28	_		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Count	try	8. This corporation owes the current		[]אס	
24	25		30		Person il Property Tax.		T 740	
	9. Name and Add ess of Current	Registered Agent		Name -	10. Name ind Address of New Reg	ISTORE J AGENT		
DIA	MOND, PHILIP A			7	ac vallillo			
	SOUTH ORANGE AVE.		٤	Street Aqim	ecs (P.O. Box Number is Not Acceptable	うりと	1	
SUITE #1600				13	a la pen minu			
ORL	ANDO FL 32801				-	,	~ 0	
Į.			١٤	City	Manda	FL 85 3	2818	
11. Pursua it	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	s, the abo	we-named corp	oration submits this statement for the pur	pose of changing its	nagistered	
office or r	egistered agent, or both, in the State or	Florida. Such change was at	uthorized t rida Statut	by the corporations.	oration submits this statement for the pu- on's board of cirectors. I hereby accept the	ie appointment as reg	gistered	
1	Mari Vall	illo Ja	ci Va	altillo	5 -3	>-99	j	
SIGNATURE	Signature, typesfor printed has se of registered agent	and title if applicable. (NOTI:,	Registered A	gent signature required		DATE		ô
12.	V OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS / ND DIRECTOR	FS IN 12	CR2E034 (11/98)
TITLE	D D	☐ DELETE	1,1 17/13	7		Change		て
NAME	PATTERSON, GERALD WAYNE		1 2 NAM	1			\ 8	3
STREET ADDRE IS	6713 LUMBERJACK LANE		1	ET ADDRESS				2
CITY-ST-ZIP	ORLANDO FL 32818	□ DELETE	1,4 CITY 2.1 TITU			Change	Addition	ζ
mle	<u> </u>	Cloccoic	22 NAM	1			_	
NAME	ROGERS, TERRY ANN 10425 MONTPELIER CIRCLE			ET ADORESS]	
STREET ADDRESS	ORLANDO FL 32821			-ST-ZIP			1	
TITLE	D	☐ OELETE	3111111			☐ Change	Addition	
NAME	VALLILLO, JACI LYNN		32 NAM	E			Ì	
- STREET ADORESS	_1212 RED DANDY DR		3.3 STRE	ET ADDRESS	ا د د ده سالت پیدایی است		-	
CITY-ST-ZIP	ORLANDO FL 32818		34 CM	- ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	}		4, 2 NAW	E			1	
STREET ADDRESS			4.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP			44 CITY					
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM				1	
STREET ADDRESS				ET ADDRESS			}	
CITY-ST-ZIP		☐ DELETE	5.4 CITY 5.1 TITLE			Change	Addition	
TITLE		☐ DEFE1€	6.2 NAM			⊡ outpuige		
NAME				ET ADDRESS			1.	
STREET ADDRESS			8.4 CITY	1]	
CITY-ST-ZIP			0.4 Cil Y	-91-4P				

14. I hereby certify that the information supplied with this filing does not qualifindicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attact ment with an address, will be a provided or the control of the con

SIGNATURE: