Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010518

1. Corporation Name

LOOSE ENDS STYLES AND BRAIDS UNLIMITED, INC.

								 	
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		1''	M ETM M. 16 M. 18 514 54 841 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* *************************************	
6845 W COLONIAL DRIVE ORLANDO FL 32818 6845 W COLONIAL DRIVE ORLANDO FL 32818									
					DO NOT WRITE IN THIS SPACE				
					3. Date Inc	corporated or Qualifed	<u> </u>		
					01/29	11997			1
2. Principa Pl	lace of Business	2a. Mailing Address			4. FEI Nur	nber		Ap	lied For
21		26			59-34	29808		No	t Applicable
Suite, A at.	#, etc.	Suite, Apt. #, etc.			5, Certifoa	te of Status Desired		\$8.75 A Fee Re	
City & State		City & State			6 Flection	Campaign Financing		\$5.00	May Be
´		28			1	and Contribution		Added to	, ,
23 Zip	Country	Zip	Countr	 y		poration owes the cu	rrent vear in	tangible	
24	25	`	30	•		I Property Tax.	, , , , , , , , , , , , , , , , , , , ,		IJNo
	9. Name and Address of Curre		···			and Address of New	Registered	Agent	
			81	1 Name					
GRA	YBILL, DEIDRE W		82	-		L	4+61+1		
1307 N ENKA WAY				2 Street Acc	ress (P.U. Box	Number is Not Accep	(abie)		
ORL	ANDO FL 32818		83	3	,				
			84	4 City				85 Zip (Code
							<u>FL</u>	<u>- </u>	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further cartify 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with all address, with all other like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRE 35

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

☐ Addition