

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 043 ***150.00

DOCUMENT #

1. Corporation Name

ALI'S HAIR DESIGN, INC.

Principal Place of Business

1434 Churchill Cir
UNIT R204
NAPLES, FL 34116

Mailing Address

1434 Churchill Cir
UNIT R204
NAPLES, FL 34116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03-21-1997

4. FEI Number

59-3434074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6060 Golden Gate Pkwy

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL

Zip Country

24 34116

25

2a. Mailing Address

26 6060 Golden Gate Parkway

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip Country

29 34116

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name

ANDERSON, ALLISON M.

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

6060 GOLDEN GATE PARKWAY

83

84 City

NAPLES

FL

85 Zip Code

34116

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

X Allison M. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME ANDERSON, ALLISON M

STREET ADDRESS 1357 Churchill Cir

CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition

1.2 NAME ANDERSON, ALLISON M.

1.3 STREET ADDRESS 6060 GOLDEN GATE PARKWAY

1.4 CITY-ST-ZIP NAPLES, FL 34116

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Allison M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLISON M. ANDERSON

Date

4/26/99 941-261-323

Daytime Phone #

CR2E034 (11/98)