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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000066696 (0)**

1. Corporation Name
HOME HAIR CARE, INC.

Principal Place of Business	Mailing Address
1005 MONTEZUMA DRIVE BRADENTON FL 34209	1005 MONTEZUMA DRIVE BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1997

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number — ☒ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25

Zip 29 | Country 30

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

IONITA, EVA E
1005 MONTEZUMA DRIVE
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** | 85 Zip Code

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 _____ April 30, 1998.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IONITA, EVA E	1.2 NAME	
STREET ADDRESS	1005 MONTEZUMA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

200002577472
-07/01/98--01046--046
***150.00

CR2E034 (10/97)

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.

SIGNATURE _____ April 30, 1998 EVA IONITA

Form **SS-4**

(Rev. February 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Home Hair Care Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1005 Montezuma Dr.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Bradenton FL. 34209

5b City, state, and ZIP code

6 County and state where principal business is located
Manatee County Florida

7 Name of principal officer, general partner, grantor, owner, or trustor (SSN or EIN may be required) (see instructions) ▶
Eva E. Ionita 144 54 9317

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- [ ] Sole proprietor (SSN)
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Church or church controlled organization
- [ ] Other nonprofit organization (specify) ▶
- [ ] Other (specify) ▶
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] State (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Other corporation (specify) ▶
- [ ] Trust
- [ ] Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated: Florda

Foreign country: FL.

9 Reason for applying (Check only one box.) (see instructions)

- [X] Started new business (specify type) ▶
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify purpose) ▶
- [ ] Changed type of organization (specify new type) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶
- [ ] Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
7-31-97

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid (or will be paid) (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year) home to date ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-".* ▶

- [ ] Nonagricultural
- [ ] Agricultural
- [ ] Household

14 Principal activity (see instructions) ▶ Hair Care

15 Is the principal business activity manufacturing? . . . no

- [ ] Yes
- [X] No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

- [ ] Public (retail)
- [X] Other (specify) ▶ ALF/ nursing facilities
- [ ] Business (wholesale)
- [ ] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

- [X] Yes
- [ ] No

Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Eva's Hair Biz.

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

3 Sept 1995. Florda.

Previous EIN
144 54 9317

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
941 794 3403

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Owner

Signature ▶

Date ▶ June 17, 1998.

Note: *Do not write below this line. For official use only.*

Please leave blank ▶

Geo	Ind	Class	Size	Reason for applying