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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072925 1. Corporation Name

BON JOHR HAIR FASHIONS INC.

BON SOOT HART I ASTRONO INC.							
Principal Place of Business	Mailing Address						
BON JOUR HAIR FASHIONS INC 914 S PINELLAS AVE	BON JOUR HAIR FASHIONS INC 914 S PINELLAS AVE						
TARPON SPGS FL 34689	TARPON SPGS FL 34689 US-						

FILED Apr 30, 1999 8:00 am Secretary of State

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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifoa	ate of Status D	esired [J		Additional equired	
City & State	e	City & State				6. Election	n Campaign Fi	nancing [\$5.00	May Be	ļ
23		28				Trust F	und Contribution	оп		Added	to Fees	-
Zip	Country	Zip	Zip Country			1 -	rporation owes		t year Int			×-=
24	25	_ 29	30				al Property Ta			Yes	□No	-
 -	9. Name and Address of Current	Registered Agent		81	Alexan	10. Name	and Address	of New Reg	jistered .	Agent		1
CLA	RK, JAMES K			"	Name							ĺ
116F	HIGHLANDER RD			82 Street Address (P.O. Box Number is Not Acceptable)				9)			}	
TARI	PON SPRINGS FL 34689			83		<u>, </u>						l
	•			84	City				FL	85 Zip	Code	-
l office.orn	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligate	of Florida. Such change was	authorized	d by th	named corpor	orporation submit ation's board of d	s this statemer irectors. I here	nt for the puriby accept the	rpose of he appoir	changing its	s registered egistered	
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	Signature, typed or printed name of registered agent			d Agent s	signature req	quired when reinstating)	NS/CHANGES	S TO OFFIC	DATE DERS AN	ID DIRECT	ORS IN 12	
SIGNATURE 12. TITLE	OFFICERS AND		TE: Registered		signature req		DNS/CHANGES	S TO OFFIC	DATE CERS AN	ID DIRECT		
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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:

SIGNATURE REQUIRED