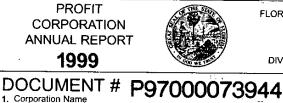
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

MICHAEL ANGELO'S HAIR SALON, INC.

1. Corporation Name

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90110 046 ***150.00



Principal Place of Business	Mailing Address					
10865 LA SALINAS CIRCLE BOCA RATON FL 33428	10865 LA SALINAS CIRCLE BOCA RATON FL 33428		DO NOT WRITE IN TI	HIS SPACE		
				3. Date Incorporated or Qualifed 08/25/1997		
Principal Place of Business	2a. Mailing Address 26			4. FEI Number 65-0778757		Applied For Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	City & State	***	100.01	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip Country 24 25	Zip 29 30	Country	<i>'</i>	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Register	ed Agent	
RAZZO, MICHAEL		81	Name			
10865 LA SALINAS CIRCLE BOCA RATON FL 33428		82 Street Adda		ress (P.O. Box Number is Not Acceptable)		
BOCA RATON PL 33426		83				
		84	,	F		ip Code
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent, I am familiar with, and accept the o	bligations of, Section 607.0505, Florida	Statutes		oration submits this statement for the purpose on's board of directors. I hereby accept the app		its registered registered

Signature, typed or printed name of profistered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition NAME RAZZO, MICHAEL 1.2 NAME 10865 LA SALINAS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE ☐ Change ☐ Addition RAZZO. DEBRA 2.2 NAME 10865 LA SALINAS CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** 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 41 TITLE ☐ Addition 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 ADORESS 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

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.

6.4 CITY-ST-ZIP

CR2E034