

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90015 024 ***150.00

DOCUMENT # P98000000943

1. Corporation Name
P N T HAIR NAIL, INC.

Principal Place of Business
2357 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address
2357 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

65-0804206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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. 2357 UNIVERSITY DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26. 2357 UNIVERSITY DRIVE
Suite, Apt. #, etc.

22. City & State

23. CORAL SPRINGS, FLA

27. City & State

28. CORAL SPRINGS, FLA

24. 33065 25. USA

29. 33065 30. USA

9. Name and Address of Current Registered Agent

LAFFER, HENRY
7770 WEST OAKLAND PARK BLVD. STE. 303
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81. Name

N/A

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

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 D
NAME LUONG, PHUONG
STREET ADDRESS 7524 S.W. 10TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D
NAME TONG, DENISE
STREET ADDRESS 6522 S.W. 10TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME LUONG, PHUONG
1.3 STREET ADDRESS 7524 SW 10TH CT.
1.4 CITY-ST-ZIP N. LAUDERDALE, FL 33068

2.1 TITLE
2.2 NAME TONG, DENISE
2.3 STREET ADDRESS 6522 SW 10TH CT.
2.4 CITY-ST-ZIP N. LAUDERDALE, FL 33068

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

PHUONG LUONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99 954-753-8447
Date Daytime Phone #

CR2E034 (11/98)