## 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** 

## DOCUMENT # P98000011558 1. Corporation Name

HAIR WE ARE, INC.

CITY-ST-ZIP

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90022 032 \*\*\*150.00



			_					
Principal Place of Business Mailing Address						,		
3236 LANTANA ROAD LANTANA FL 33462		3236 LANTANA ROAD LANTANA FL 33462		DO NOT WRITE IN T	IIS SPACE			
					3. Date incorporated or Qualifed			
	•				02/02/1998			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	App	lied For	
21		26			65-0810619	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A		
22		27			5. Certificate of Status Desired	Fee Rec	uired	-
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added to	Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24	25	29 30	<u> </u>		Personal Property Tax.	_/	∐No	
	9. Name and Address of Curre	nt Registered Agent	-   24	M	10. Name and Address of New Register	ed Agent		
DUIC	LI MADY C		81	Name				
	H, MARY S		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	LANTANA ROAD		83			····		
LAN	TANA FL 33462		63				٠. ،	
			84	City		85 Zip C	ode	
						ef changing its	ragiotacad	
office or r	enistered agent, or both, in the State	e of Florida. Such change was autho	orized by	tne corporatio	pration submits this statement for the purpose of s board of directors. I hereby accept the ap	pointment as reg	istered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes					
SIGNATURE	<u> </u>			<del>,</del>	when reinstating) OATE			
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Ager	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Š
12.		DELETE	1.1 TITLE		nanou due H	Change	Addition	•
TITLE	DP DP		1.2 NAME	[, '	MARY RUSH 4694 Summit Blud D.P.B. Fl 33413	× ·		,
NAME	RUSH, MARY S		1.3 STREET	unocce :	4694 Summit Dive			ξ
STREET ADDRESS	5888 LIME ROAD	^			1202 El 32412			Š
CITY-ST-ZIP	WEST PALM BEACH FL 3341	J DELETE	1.4 CITY-\$ 2.1 TITLE	1-217	W1101 - 1 00113	Change	☐ Addition	č
TITLE	DVS		2.2 NAME				_	
NAME	ARENAL, ORALIA B		2.3 STREET	ADDDEDO				
STREET ADDRESS	96 FERNE LANE		2.4 CITY-5		n ————————————————————————————————————			
*CITY-ST-ZIP	LAKE WORTH FL 33467	☐ DELETE	3.1 TITLE	11-2119		☐ Change	☐ Addition	
TITLE	ŕ	_ 5552.5	3.2 NAME				_	
NAME				ADDRESS				
STREET ADDRESS			3.4. CITY-9					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1-21		Change	Addition	
NAME			4, 2 NAME					l
•	•			ADDRESS				1
STREET ADDRESS			4.4 CITY-S					
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	- Luir		Change	Addition	i
		<u> </u>	5.2 NAME		•			İ
NAME expect analogs				,				i
STREET ADDRESS			5.3 STREE	ADDRESS	•			1
CITY OF TO								
CITY-ST-ZIP		□ DELETÉ	5.3 STREE 5.4 CITY-S 6.1 TITLE		<u></u>	Change	Addition	
TITLE NAME		☐ DELETE	5.4 CITY-S			☐ Change	☐ Addition	٠, -

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 it 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 60f. 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.