PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000016527

GRAY HAIR, INC.

	nia, livo.								
Principal Place	e of Business	Mailing Address			i (48)(50) (18 imiei 10)() ve	irii daile amile anear i	1212 21101 21112 1	1811 1681 1-4-	
1209 SAXON B		1209 SAXON BLVD.							
SUITE 4	L+O.	SUITE 4					20405		
ORANGE CITY FL 32763		ORANGE CITY FL 32763				DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qua 03/01/1998 	ifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
21		26			59-3499453		Not	Applicable	
Suite, Apt.	#, etc.	Sulte, Apl. #, etc.			5. Certificate of Status Desire	xd 🗆	\$8.75 A		
22		27			5. Children of Children		Fee Rec	ulred	
City & State	e	City & State			6. Election Campaign Finance	ing 🗀	\$5.00		
23		28			Trust Fund Contribution		Added to	Fees	٠
Σip	Country	Zip Zip	Cour	пеу	8. This corporation owes the	current year inti	angible		
24	25		30					□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of N	ew Registered	Agent		
			į	81 Name	IAMES PELLICCIA			ļ	
	RILAWYER				Address (P.O. BOY Number is Not Ac	ceptable)			
	ALMERIA AVENUE			3.30.7	381 W. 4TH STREET		•· 		
COR	AL GABLES FL 33134		ļ	83 .				{	
1			ļ				lest Zin C	inde	
				B4 City	DRANGE CITY	FL	85 329 327	63	
11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Statu	tes, the al	bemen-evod	corporation submits this statement fo	the purpose of	changing its	egistered	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corpo	ration's board of directors. I hereby a	iccept the appoil	nment as reg	ISTERED	
agent. I a	m tamiliar with, and accept the college	Hons of, Section 607,0505, Fig		Time	Ollhona	oili	2/99		
SIGNATURE	Signature, typed or printed name of registered ages	Ellicia	Registered		adjust-when reinstating)	DATE			â
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	O DIRECTOR	RS IN 12	R2E034 (11/98)
TITLE	PSTD	☐ DELETE	1,1 TIT	n.e	PSTD		Change	Addition	Ξ
NAME	PELLICCIA, JAMES J		1.2 NA	WE	PELLICCIA, JAMES J			Ì	S
STREET ADDRESS	-1209 SAXON BLVD.	4	1.3 ST	REET ADDRESS	1381 W. 4TH STREET	r ·			입
	ORANGE CITY-FL-32763-	•		TY-ST-ZIP				į	2
CITY-\$T-ZIP	DIEGICE OF THE SERVE				ORANGE CITY, FL 32	2763	_		
		☐ DELETE	2.1 111		ORANGE CITY, FL 3	<u> 2763 </u>	Change	Addition	U
		☐ DELETE	2.1 TI	TLE	ORANGE CITY, FL 32	2763	Change	☐ Addition	Ü
NAME		☐ DELETE	22 NA	TLE VME	ORANGE CITY, FL 3	2763	Change		U
STREET ADDRESS		DELETE	22 NA 23 STI	TLE WAE REET ADORESS	ORANGE CITY, FL 3	<u>.</u>	Change	C Addition	
STREET ADDRESS			22 NA 23 STI 2.4 CI	REET ADDRESS	ORANGE CITY, FL 3		☐ Change	☐ Addition	
STREET ADDRESS		DELETE	22 NA 23 STI 2.4 CI 31 TII	TLE WEET ADDRESS (TY-ST-ZIP) TLE	ORANGE CITY, FL 3	· ·			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			22 NA 2.3 STI 2.4 CI 31 TII 32 NA	TLE WE REET ADDRESS (TY-ST-ZIP TLE	ORANGE CITY, FL 3				· ·
STREET ADDRESS CITY-ST-ZIP TITLE			22 NA 23 STI 2.4 CI 31 TTI 32 NA 33 ST	TLE WE REET ADDRESS ITY-ST-ZIP TLE WE REET ADDRESS	ORANGE CITY, FL 3				
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ OELETE	22 NA 23 ST 2.4 CI 31 III 32 NA 33 ST 34 CI	TLE WE REET ADORESS ITY-ST-ZIP TLE WE REET ADORESS TTY-ST-ZIP	ORANGE CITY, FL 3		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			22 NA 23 STI 2.4 CI 31 TII 32 NA 33 ST 34 CI 4.1 TII	TLE WE REET ADORESS ITY-ST-ZIP TLE WE REET ADORESS ITY-ST-ZIP TLE	ORANGE CITY, FL 3				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ OELETE	22 NA 23 STI 2.4 CI 31 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 NA	TLE WHE TREET ADDRESS ITY-ST-ZIP TLE WHE TREET ADDRESS ITY-ST-ZIP TLE AME	ORANGE CITY, FL 3		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		□ OELETE	22 NA 23 ST 2.4 CC 31 TH 32 NA 33 ST 34 CC 4.1 TH 4.2 NA 4.3 ST	TLE WHE TREET ADDRESS ITY-ST-ZIP TLE WHE TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	ORANGE CITY, FL 3		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME		☐ DELETE	22 NA 23 ST 2 4 CC 31 TT 32 NA 33 ST 34 CC 41 TT 4.2 NV 4.3 ST 4.4 CR	TLE WE REET ADDRESS (TY-ST-ZIP TLE WE REET ADDRESS (TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	ORANGE CITY, FL 3		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ OELETE	22 NA 23 STT 2.4 CD 31 TTI 32 NA 3.3 ST 3.4 CD 4.1 TTI 4.2 NA 4.3 ST 4.4 CD 5.1 TTI	ILE WE REET ADDRESS ITY-ST-ZIP ILE WE REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE ITY-ST-ZIP ILE	ORANGE CITY, FL 3		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 NA 23 STT 2.4 CQ 31 TTI 32 NA 3.3 ST 3.4 CQ 4.1 TTI 4.2 NA 4.3 ST 4.4 CQ 5.1 TTI 5.2 NA	ILE WE REET ADDRESS ITY-ST-ZIP ILE WE TREET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE MAE REET ADDRESS ITY-ST-ZIP ILE MAE	ORANGE CITY, FL 3		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22 NA 23 STT 2 4 CD 31 TTT 32 NA 33 ST 34 CD 41 TTT 42 NN 43 ST 51 TTT 52 NA 53 ST	ILE WE REET ADDRESS ITY-ST-ZIP ILE WE REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS	ORANGE CITY, FL 3		☐ Change	Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the extension of the same legal effect as if made under oath; that I am an officer of director of the sarporation or the ecceiver of trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the sarporation or the ecceiver of 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 chapted, or an an algoriment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED DAPPRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01/12/59 904.774-0102 Data Dayline Phone #

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90085 016 ***150.00