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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

8738 BELARADO CIT

Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90054 010 ***150.00

DOCUMENT # P980000 36430

Principal Place of Business

HAIR ON EARTH, INC.

119 SOUTH MONROE ST.

TALLAHASSEE FL 82301 TALLAHASSEE FL						DO NOT WRITE IN THIS SPACE			
	(6 5-6-7			3231	11	3. Date Incorporated or Quality MARCH 20			
2. Principal Place of Business	2a.	Mailing Address				4. FEI Number			Applied For
1	26				Í	59-3501155	-		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗆	\$8.75	Additional
2	27					5. Certificate of Status Desire	, L	Fee	Required
City & State		City & State				6. Election Campaign Finance	ing [\$5.0	0 May Be
3	28					Trust Fund Contribution		Adde	d to Fees
Zip	Country Zip Co			try		8. This corporation owes the	current year Inta	ingible	
4 25	29					Personal Property Tax.			
9. Name and	Address of Current Regist	tered Agent				10. Name and Address of Ne	w Registered A	Igent	
KATHLEEN M	RKHOP		{	Name					
		82			Street Address (P.O. Box Number is Not Acceptable)				
8738 BELARADO COURT							<u> </u>		
			1	33					
TALLAHASSE	e, ru, odi	2 M	-	34 City				85 Zip	p Code
	•		ľ	City			FL		, code
agent. I am fantifor with, a SIGNATURE	or both, in the State of Florid ng accept the obligations of, W	a. Such change was Socion 607,0505, Fl	authorized t lorida Statut	by the corp es.	ooration's	s board of directors. I hereby ac	the purpose of dicept the appoint	hanging i tment as	ts registered registered
	nted name of registered agent and title if		E Registered A	gent signature i	required wh		DATE	D DIDEC:	TODE IN 12
12.	OFFICERS AND DIRE	DELETE	13.		<u> </u>	ADDITIONS/CHANGES TO	OFFICERS AND	Change	
TITLE			1.1 TITU				10		e [] Addition
NAME			1.2 NAM		KA	THLEEN MALLON 38 BELARADO	BISHOP	•	
STREET ADDRESS				EET ADDRESS	87	38 BELARADO	C(.		
CITY-ST-ZIP	_ .	□ ocusts		-ST-ZIP	TAL	LAHASSEE FL	00011		- D Addition
TITLE		☐ DELETE	i 2,1 TITLI					Change	e Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRI	EET ADDRESS	i				
CITY-ST-ZIP			2. 4 CIT	/-ST-ZIP					
TITLE		☐ DELETE	3 1 TITL	Ē				☐ Chang	e
NAME			3.2 NAM	E					
STREET ADDRESS			33 STR	EET ADDRESS	i				
CITY-ST-ZIP			3.4. CIT	'-ST-ZIP	J				
TITLE		☐ DELETE	4,1 TITLE	<u> </u>	ł			☐ Change	e 🔲 Addition
NAME			4. 2 NAM	IE					
STREET ADDRESS			4.3 STRI	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		□ DELETE	5.1 1171.6	=				☐ Change	e 🔲 Addition
NAME			5.2 NAM	E					
STREET ADDRESS			53 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	61 TITLE	:				☐ Change	∌ ∐ Addition
NAME			6 2 NAMI	<u> </u>					
STREET ADDRESS			6.3 STRE	ET 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP