

FILED

Mar 17, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000030497

1. Corporation Name

MAGIC HAIR AND NAIL BEAUTY SALON, INC.

Principal Place of Business  
2421 WEST OAK RIDGE ROAD  
ORLANDO FL 32809Mailing Address  
2421 WEST OAK RIDGE ROAD  
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number 59-3523375

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

JOSEPH, EDNER  
2421 WEST OAK RIDGE ROAD  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

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

1.1 TITLE ☐ DELETENAME D  
JOSEPH, EDNER  
STREET ADDRESS 2421 WEST OAK RIDGE ROAD  
CITY-ST-ZIP ORLANDO FL 328091.2 TITLE ☐ DELETENAME D  
JOSEPH, GUERDA  
STREET ADDRESS 2421 WEST OAK RIDGE ROAD  
CITY-ST-ZIP ORLANDO FL 328091.3 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.4 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.5 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.6 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.7 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.8 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

12-15-99 / (407) 859-4982

Date

Daytime Phone #

CR2E034 (11/98)