

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90082 020 ***150.00

DOCUMENT # P98000037286

1. Corporation Name
BARBERSHOPS, INC.



Principal Place of Business
3300 WEST ROLLING HILLS CIRCLE, APT 601
DAVIE FL 33328

Mailing Address
3300 WEST ROLLING HILLS CIRCLE, APT.601
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1998

2. Principal Place of Business
21 9420 Poinciana Place
Suite, Apt. #, etc.
22 Apt. 114

2a. Mailing Address
26 P.O. Box 292528
Suite, Apt. #, etc.
27

4. FEI Number
65-0838975

Applied For
Not Applicable

22 City & State
Ft. Lauderdale FL

27 City & State
Davie, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country
33324 USA

29 Zip Country
33329-2528 USA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

COE, JOHN S JR
3300 WEST ROLLING HILLS CIRCLE, APT.601
DAVIE FL 33328

81 Name
Coe, John S Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
9420 Poinciana Place
83 Apt. 114
84 City
Ft. Lauderdale FL 85 Zip Code
33324

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	PD
NAME	COE, JOHN S JR
STREET ADDRESS	3300 WEST ROLLING HILLS CIRCLE, APT.601
CITY-ST-ZIP	DAVIE FL 33328
TITLE	STD
NAME	SANTANA DE LEON, ELIZABETH
STREET ADDRESS	430 NORTHEAST 113TH STREET
CITY-ST-ZIP	MIAMI FL 33161
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	
11 TITLE	PD
12 NAME	Coe, John S Jr.
13 STREET ADDRESS	9420 Poinciana Place, Apt. 14
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
21 TITLE	STD
22 NAME	Santana De Leon, Elizabeth
23 STREET ADDRESS	1211 Hayes St.
24 CITY-ST-ZIP	Hollywood, FL 33019
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth S. DeLeon, 3/15/99 954-383-9341

Date

Daytime Phone #

CR2E034 (11/98)