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 # P98000038942

	Corporation Name
	HAIR INDUSTRY, INC
Pr	incipal Place of Business
	00 HARRISON STREET. #5 DLLYWOOD FL 33022
'''	CETHOOD TE GOOZE
ł	
2.	Principal Place of Business
2. 21	Principal Place of Business
\vdash	Principal Place of Business Suite, Apt. #, etc.
\vdash	
21	
21	Suite, Apt. #, etc.
21	Suite, Apt. #, etc.
21	Suite, Apt. #, etc. City & State

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90111 022 ***150.00

HAIII INC								
Principal Place	of Business	Mailing Address						
2000 HARRISON STREET. #5 2000 HARRISON STREET. #5 HOLLYWOOD FL 33022 HOLLYWOOD FL 33022								
						DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed 04/28/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pptied For
21		26				65-0833510		ot Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27	27			5 . 001110010 07 011100 0 011100	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	У		8. This corporation owes the current year		m.,
24	25	29 30	ᆝ			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ad Agent	
ADI E	ER, MITCHELL D		81	Name	1			
	TYLER STREET		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33020		83	3				_
			84	City			L 85 Zip	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was autrions of, Section 607.0505, Florida	orized by a Statute	the comps.	ooration 	ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as re	egistered
·	Signature, typed or printed name of registered agen			nt signature	required v			ODC IN 42
12.	OFFICERS AN	D DIRECTORS DELETE	13.		_	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D STAFFAED EDIO E	□ perele	1.1 TITLE				Containge	
NAME	DEMEYER, ERIC E		1.2 NAME		20	سے کا سر میں میں میں اس می		
STREET ADDRESS	2021 TYLER STREET			T ADDRESS	120	OD HARLISON ST #5		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 C/TY-	ST-ZIP	hor	L(WOOD, FL 33020	☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE				□ Ollarige	
NAME			2.2 NAME					
STREET ADDRESS			1	T ADDRESS	3	and the second s		
CITY-ST-ZIP		DELETE	2.4 CITY-	ST-ZIP			☐ Change	Addition
TITLE		F1 pereie	3.1 TITLE 3.2 NAME				s.i.ango	
NAME			4		,}			l
STREET ADDRESS				ET ADDRESS	'			ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	⊅1- ∠ Υ	+-		[7] Change	Addition
l			4. 2 NAME	:			_ ,	- 1
NAME				: ET ADDRESS			•	ļ
STREET ADDRESS			4.4 CITY-		'			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		+-		Change	Addition
NAME			5.2 NAME				_ •	
STREET ADDRESS			5.3 STREE	T ADDRESS	3			
CITY-ST-ZIP			54 CITY-	ST-ZIP	1			
TITLE		☐ DELETE	6.1 TITLE		十一		☐ Change	Addition
NAME			6.2 NAME					1
STREET ADDRESS			6.3 STRE	ET ADDRESS	s			

6.4 CITY-ST-ZIP 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: