OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

uite, Apt. #, etc.

ity & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P98000046552

JUST FOR YOU BEAUTY SUPPLY, INC.

Country

9. Name and Address of Current Registered Agent

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-AMERILAWYER --343 ALMERIA AVENUE -

cipal Place of Business

Mailing Address

NORTHWEST 27TH AVENUE

973 NORTHWEST 27TH AVENUE

SUITE 4

LAUDERDALE FL 33311

Principal Place of Business

Mailing Address

2a. Mailing Address

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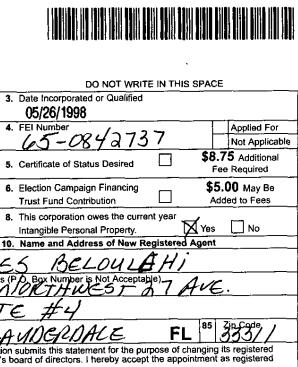
Zip

Suite, Apt. #, etc.

City & State

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90004 039 ***550.00



-CORAL GABLES FL 33134	83 50	1/TE #4
	84 City	- LAUNGRDALE FL 85 3333/
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.		
organization (Appendix Prince)		re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PSTD DELETE	1.1 TITLE	Change C Addition (
AHMED, AAZIR ANDRESS 973 NORTHWEST 27TH AVENUE	1.2 NAME	
ET LAUDEDDALE EL 20014	1.3 STREET ADDRESS	`*·
ZIP F1 LAUDENDALE FL 33311	1.4 CITY-ST-ZIP	Change Addition
ACLOUIETI ABBES	2.2 NAME	J Grange 142 Position
ADDRESS 973 N.W. 27 AVE. #4	2.3 STREET ADDRESS	
\ \mathrea{A} \mathrea{A} \ \mathrea{A} \mathrea{A} \ \mathrea{A} \mathrea{A} \ \mathrea{A} \mathrea{A} \ \mathrea{A} \mathrea{A} \mathrea{A} \ \mathrea{A} \mathrea{A} \ \mathrea{A} \m	2.4 CITY-ST-ZIP	
ZIP FI. LHUISERIJACE, FC 93311	3.1 TITLE	Change Addition
October	3.2 NAME	
ADDRESS	3.3 STREET ADDRESS	
ZIP	3.4 CiTY-ST-ZIP	
DELETE	4.1 TITLE	Change Addition
	4.2 NAME	
ADDRESS	4.3 STREET ADDRESS	
ZiP	4.4 CITY-ST-ZIP	
DELETE	5.1 TITLE	Change Addition
	5.2 NAME	
ADDRESS	5.3 STREET ADDRESS	
ZIP	5.4 CITY-ST-ZIP	
DELETE	6.1 TITLE	Change Addition
	6.2 NAME	
ADDRESS	6.3 STREET ADDRESS	
ZIP	6.4 CITY-ST-ZIP	and 0.07(2)(i) Finds Statuton I further cortifut that the information

Country

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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.

GNATURE & BELOUIRE REQUIRED

R2F034 (5/99)