PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

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1. Corporation J. MICH	AEL HAIR SALON, INC.					E ANTHONY HIN HANN TOWN DOWN BY AN ANNU AND	1 1 11 1 111 1 11 	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	KK 1888
Principal Place	e of Business	Mailing Address				1 (491/42) yes (Brid) yellik Brit. 44111 44111 44111			
3824 NORTHWEST 77TH AVENUE 3824 NORTHWEST 77TH AVENU					1				
DAVIE FL 3302	•	DAVIE FL 33024)	DO NOT WRITE IN THI	SPACE		
					ŀ	3. Date Incorporated or Qualifed			
}					ł	06/19/1998			
2. Principal P	lace of Business	Za. Mailing Address				4. FEI Number	$_{2}$	Applied I	For
21		26				65-084568		Not Appl	
Suite, Apt	#, etc.	Suite, Apt. #; etc.		-	- -	5. Certificate of Status Desired		5 Addition	
22		27							{
City & Stat	• 	City & State	_		[6. Election Campaign Financing Trust Fund Contribution		00 May 9 led to Fee	
23 Zip	. Country	Zip	Cou	ייייי		8. This corporation owes the current year tr			
24	[25]	29	30	•]	Personal Property Tax.	Yes	□Nc	
241	9. Name and Address of Current				1	IO. Name and Address of New Registered	Agent		
	ARCH HOUSE A			81 Name					
	NICK, HOWARD A I W. BROWARD BLVD. #420			82 Street	Address	(P.O. Box Number is Not Acceptable)			_
	I W. BRUWARU BLVO. #420 LAUDERDALE FL 33324								∤
, r.,	TAODENDACE LE 22254		'	83				_	
Į	•			84 City		F	85 2	Zip Code	
<u> </u>	4. W	Land 607 4609 Flatida Stol	ndon the o	howa named	comora	tion submits this statement for the ourpose of	changing	its regist	ered
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized	by the como	oration's	tion submits this statement for the ourpose of board of directors, I hereby accept the appo	intment as	s registere	be
	in thillips with directory acceptance conferen	ons of, Section 667.0505, F	TORNA SIAU	rusz.					-
SIGNATURE	Bignature, typed or printed name of registered agent			Agent signatura r		en reinsteing) DATE			;
	Signature, typed or printed name of registered agent OFFICERS AND	end title if epplicable. (NO DIRECTORS	TE: Registered	Agent signature r			ND DIREC	TORS IN	112
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NC	TE: Registered 13.	Agent signatura r		en reinsteing) DATE		TORS IN	;
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regulated again OFFICERS AND D BOEHME, JEFFREY	and the I applicable. (NC D DIRECTORS	13. 1.1 Tf 1.2 N/	Agent eigneture :		en reinsteing) DATE	ND DIREC	TORS IN	112
SIGNATURE 12. TITLE HAME STREET ADDRESS	OFFICERS AND D BOEHME, JEFFREY 3824 NORTHWEST 77TH AVEN	and the I applicable. (NC D DIRECTORS	13. 1.1 Tf 1.2 N/ 1.3 ST	Agent algressure of TLE NAE IREET ADDRESS		en reinsteing) DATE	ND DIREC	TORS IN	112
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regulated again OFFICERS AND D BOEHME, JEFFREY	und title if applicable. (NC D DIRECTORS	13. 1.1 Tf 1.2 N/ 1.3 S1 1.4 Cf	Agent eigneture r TLE TME TREET ADDRESS TY-ST-ZP		en reinsteing) DATE	ND DIREC	CTORS IN	112
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D BOEHME, JEFFREY 3824 NORTHWEST 77TH AVEN	and the I applicable. (NC D DIRECTORS	13. 1.1 TF 12 No 1.3 ST 1.4 CF 2.1 TF	Agent signature in TLE NAME IREET ADDRESS TY-ST-ZIP TLE		en reinsteing) DATE	ND DIREC	CTORS IN	1 12 Addition
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CITY-ST-ZIP 14. 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 the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an afactorient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: