

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 # P98000059688

1. Corporation Name

HAIR & NAIL WORKS, INC

Principal Place of Business
4618 B FOREST HILL BLVD.
W. PALM BEACH FL 33415

Mailing Address
4618 B FOREST HILL BLVD.
W. PALM BEACH FL 33415

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90021 005 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number 084 T768.
A 65-048

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 4618 B FOREST HILL
Suite, Apt. #, etc. BLVD

26 SAME

22 City & State
23 WEST PALM BCH, FL

27 Suite, Apt. #, etc.

28 City & State

24 Zip 33415 25 Country U.S.A.

29 Zip 30 Country

9. Name and Address of Current Registered Agent

ADINOLFI, KAREN
7868 AZTEC CT
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name JOSEPH ROTUNDO

82 Street Address (P.O. Box Number is Not Acceptable)
816 BAMBOO LN

83

84 City DELRAY BCH FL 85 Zip Code 33483

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: *Joseph Rotundo*

12/31/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE OWNER ☒ DELETE
NAME KAREN M. ADINOLFI
STREET ADDRESS 7868 AZTEC CT
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OWNER ☐ Change ☒ Addition
1.2 NAME JOSEPH ROTUNDO
1.3 STREET ADDRESS 816 BAMBOO LANE
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

2.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98

Date

Daytime Phone #

CR2E034 (11/98)

0331986