

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90023 015 ***150.00

DOCUMENT # P98000073677

1. Corporation Name

MAKING WAVES/A FULL SERVICE SALON INC.

Principal Place of Business

**1481 S. MILITARY TRAIL
WEST PALM BEACH FL 33408**

Mailing Address

**4386 BROADWAY STREET
LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

65-0859030

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **1481 S. MILITARY TRAIL**

Suite, Apt. #, etc.

27 **Suite #8**

City & State

28 **West Palm Beach, FL**

Zip

29 **33408**

Country

30 **FL**

9. Name and Address of Current Registered Agent

**PEDERSEN, VIVIAN J
4386 BROADWAY STREET
LAKE WORTH FL 33461**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME **KNOWLES, DENISE**
STREET ADDRESS **11256 ORANGE GROVE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ DELETE

D
NAME **BAILEY, KAREN**
STREET ADDRESS **4204 A PALM BAY CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

D
NAME **MEDINA, IDA V**
STREET ADDRESS **13481 ORCHID COURT**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE

D
NAME **PEDERSEN, VIVIAN J**
STREET ADDRESS **4386 BROADWAY STREET**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 **361-433-2333**
Date Daytime Phone #

CR2E034 (11/98)

0352890