


**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000077276 ✓  
 1. Corporation Name  
 STYLISH CUTS II, INC.

Principal Place of Business: 1660 SOUTH CONGRESS AVENUE, BOYNTON BEACH FL 33426  
 Mailing Address: 1660 SOUTH CONGRESS AVENUE, BOYNTON BEACH FL 33426



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1998

4. FEI Number: 65-0862605 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: Yes  No

9. Name and Address of Current Registered Agent: AMERILAWYER, 343 ALMERIA AVENUE, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-RAWI, HUSSAIN	1.2 NAME	
STREET ADDRESS	1660 SOUTH CONGRESS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	
TITLE	PS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-RAWI, MONIQUE	2.2 NAME	
STREET ADDRESS	1660 SOUTH CONGRESS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE 7/1/99 (561) 364-7105  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)