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 # P98000082140

D J'S HAIR & NAIL BOUTIQUE, INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

■PLEA

04-19-1999 90038 001 ***150.00



8034 SR 54. BLDG 4. SUITE C	8034 SR 54. BLDG 4. SUITE C			
NEW PORT RICHEY FL 34653	NEW PORT RICHEY FL 34653		DO NOT WRI	TE IN THIS SPACE
	•		3. Date Incorporated or Qualifed	
			09/21/1998	Ì
2. Principal Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21 8034 OLD C.R. 54	26 8034 OLD	C.R. 54	59-353301	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Continue of Challes Desired	\$8.75 Additional
22 Blds. 4 SuITEC	27 Blog. 4 S.	USTE C	5. Certifcate of Status Desired	Fee Required
21 8034 OLD C.R. 54 Suite, Apt. #, etc. 22 Bldg. 4 Suite C City & State 23 NEW POLT RICHEY, FL Zip Country	26 8034 OLD Suite, Apt. #, etc. 27 Blog. 4 So City & State 28 NEW POLT RICH		6. Election Campaign Financing	55.00 May Be
23 NEW POLT KICHEY, FL	28 NEW PORT KICH	HEY, FL	Trust Fund Contribution	Added to Fees
Zip Country		Codinay	8. This corporation owes the curr	
24 34453 25 PASCO	29 34653 30	PASCO	Personal Property Tax.	☐ Yes X No
9. Name and Address of Current	t Registered Agent		10. Name and Address of New F	Registered Agent
DOCTOR JOANNE M		81 Name		}
DOCTOR, JOANNE M		82 Street A	Address (P.O. Box Number is Not Accepta	able)
6414 GAINSBORO DR			· · · · · · · · · · · · · · · · · · ·	
PORT RICHEY FL 34668		83		
	<u>.</u>	84 City		85 Zip Code
	,	[31] 31.,		FL SSSS
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, th	he above-named o	corporation submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	of Florida. Such change was author tions of, Section 607.0505, Florida :	nzed by the corpo Statutes.	ration's board of directors. I hereby accep	or the appointment as registered
SIGNATURE	والمرابعة فاريعا الله المعاكلين السيبيل الع	, . .	والمستعوبية عادون والعاورات	- Land of the Land
Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Regis	stered Agent signature re		DATE
12. OFFICERS ANI		13.		FICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	.,	PRESIDENT	☐ Change 🔀 Addition
NAME	· •	1.2 NAME	JOANNE M. DOLTOL	
STREET ADDRESS		1.3 STREET ADDRESS	6414 GAINSBORD TR.	1
CITY-ST-ZIP		1.4 CITY-ST-ZIP	C414 GAINSBOLD DR. POLT RICHEY, FL 346	68
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME ()	1:	2.2 NAME		
STREET ADDRESS	Į:	2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
ΠΠLE	☐ DELÉTE : :	3.1 TITLE		☐ Change ☐ Addition
NAME	.	3.2 NAME		•
STREET ADDRESS] ;	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		{
STREET ADDRESS .		4.3 STREET ADDRESS	•	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>	
TITLE	· DELETE +	5.1 TITLE		☐ Change ☐ Addition
NAME] :	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CfTY-ST-ZIP T	i:	5.4 CITY-ST, ZIP		
TITLE	☐ DELETE 6	6.1 T/TLE		Change Addition
NAME				
INCHIL		6.2 NAME	Fi	
STREET ADDRESS	l e	6.2 NAME 6.3 STREET ADORESS	, r	
1	e 1	1		

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.