

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90021 014 ***150.00

DOCUMENT # P98000084427

1. Corporation Name
WIZARD OF HAIR, INC.

Principal Place of Business
4522 SEAGULL DRIVE
NEW PORT RICHEY FL 34652

Mailing Address
7732-B HARDAWAY DRIVE
NEW PORT RICHEY FL 34653



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1998

4. FEI Number
59-3536131

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 4522 SEAGULL DR.

Suite, Apt. #, etc.
22 3RD FLOOR

City & State
23 NEW PORT RICHEY, FL

Zip
24 34652

Country
25 USA

2a. Mailing Address
26 7732-B Hardaway Dr

Suite, Apt. #, etc.
27 B

City & State
28 New Port Richey, FL

Zip
29 34653

Country
30 USA

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 Karen M. Greytak
82 Street Address (P.O. Box Number is Not Acceptable) 7732-B Hardaway Dr
83 New Port Richey
84 City FL 85 Zip Code 34653

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 Karen M. Greytak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GREY, KAREN M
STREET ADDRESS 4522 SEAGULL DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME GREY, KAREN M
1.3 STREET ADDRESS 4522 SEAGULL DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: Karen M. Greytak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/99

Date

727-817-1733

Daytime Phone #

CR2E034 (1/98)