FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

1999

Katherine Harris Secretary of State

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90076 048 ***150.00

DOCUMENT # P98000099568						
MVP HAIR SALON, INC.	,					
Principal Place of Business	Mailing Address			[[]] [] [] [] [] [] [] [8) 1011 1 884
1334 NORTHWEST 14TH COURT 1334 NORTHWEST 14TH COURT						
BOCA RATON FL 33486 BOCA RATON FL 33486				DO MOT WEITE IN THE	00405	
			-	DO NOT WRITE IN THIS	SPACE	1
				3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address			11/30/1998 4. FEI Number	Apr	lied For
<u> </u>				65-0882159	<u> </u>	Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	dditional
22 27				5. Certifcate of Status Desired	Fee Rec	quired
City & State City & State				6. Election Campaign Financing	\$5.00 N	- 1
23 28				Trust Fund Contribution	Added to	Fees
Zip Country Zip		Country		8. This corporation owes the current year Interest.	angible □ Yes	
24 25	1=-1	30		Personal Property Tax. 10. Name and Address of New Registered	<u> </u>	723
9. Name and Address of Curre		81	Name	IV. Harre and Address of New Registered	- rgom	
C. CHRISTIAN SAUTTER, ESQUIRE						
2900 EAST OAKLAND PARK BOULEVARD		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 200		83				
FORT LAUDERDALE FL 33306						
		84	City	FL	85 Zip C	ode
agent. I am familiar with, and accept the obliging SIGNATURE Signature, typed or printed name of registered agents.				red when reinstating) DATE		
				ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE D	☐ DELETE	1.1 TITLE			[] Change	
NAME WELHAF, MATTHEW E		1.2 NAME				
STREET ADDRESS 1334 NORTHWEST 14TH COURT		1.3 STREET ADDRESS				-
CITY-ST-ZIP BOCA RATON FL 33486 TITLE D	☐ DELETE	1.4 CITY-5° 2.1 TITLE	1-ZIP		[] Change	Addition
14 1991 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22 NAME				_
NAME WELHAF, PAULA J STREET ADDRESS 1334 NORTHWEST 14TH COURT		2.3 STREET	ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33486			T-ZIP			}
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		3.2 NAME				}
STREET ADDRESS		3.3 STREE	TADDRESS			
CITY-ST-ZIP		3.4. CITY-5				
TITLE	DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	FADDRESS			
CITY-ST-ZIP	D pereze	4.4 CITY-5	T-ZIP		[]Change	Addition
TITLE	☐ DELETE	5.1 TITLE		••	Change	
NAME		5.2 NAME	TANNDESS			
STREET ADDRESS		5.3 STREE 5.4 CITY-S	T ADDRESS			
CITY-ST-ZIP	DELETE DELETE	_			[] Change	Addition
NAME		6.2 NAME		·		
STREET ADDRESS			ADDRESS			
CITY-ST-7IP		'6.4 CITY-S	T-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:

