**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102870

1. Corporation Name

HAIR WORKS PLUS INCORPORATED

| Principal Place                             | e of Business  | Mailing Address                             |                        |                                  | ( 188 1188) 1/2 (8/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11/18/11                                      |          |
|---|--|---|------------------------|----------------------------------|--|----------|
| 7604 Cortez RD W<br>Bradenton Fl 34210-2446 |  | 7604 CORTEZ RD W<br>BRADENTON FL 34210-2446 |                        |                                  |  |          |
|   |  |   |                        |                                  | DO NOT WRITE IN THIS SPACE   |          |
|   |  |   |                        |                                  | 3. Date Incorporated or Qualifed   | ٦        |
|   |  |   |                        |                                  | 12/08/1998   |          |
| 2. Principal P                              | lace of Business   | 2a, Mailing Address                         |                        |                                  | 4 EEI Number   | 1        |
| 21  |  | 26  |                        |                                  | Not Applicable   | ,        |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.                         |                        |                                  | 5. Certificate of Status Desired \$8.75 Additional   | 7        |
| 22  |  | 27  |                        |                                  | 5. Certificate of Status Desired  Fee Required   | _        |
| City & Stat                                 | e  | City & State                                |                        |                                  | 6: Election Campaign Financing \$5.00 May Be   | -        |
| 23  |  | 28  |                        |                                  | Trust Fund Contribution Added to Fees  | 4        |
| Zip   | Country  | Zip   | _ Count                | ry                               | 8. This corporation owes the current year Intangible   |          |
| 24  | 25   | 29 3  | <u>ol</u>              |                                  | Personal Property Tax.   | 4        |
|   | 9. Name and Address of Currer  | nt Registered Agent                         |                        | Name                             | 10. Name and Address of New Registered Agent   | ┥        |
| HUGHES, JENNIFER S                          |  |   |                        | name                             |  |          |
| 7604 CORTEZ RD W                            |  |   | 8                      | 2 Street Add                     | dress (P.O. Box Number is Not Acceptable)  |          |
| BRADENTON FL 34210-2446                     |  |   | ļ.                     | 13                               |  |          |
| DIVIDENTON FL 04210-2440                    |  |   | 6                      | 13                               |  |          |
|   | •  |   | 8                      | 34 City                          | FL 85 Zip Code   | 7        |
|   |  |   | 46                     |                                  |  | $\dashv$ |
| 11. Pursuant office or r                    | to the provisions of Sections 607.050 registered agent, or both, in the State  | of Florida. Such change was aut             | , the abo<br>horized b | ove-named cor<br>by the corporat | rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered | -        |
| agent. I a                                  | registered agent, or both, in the State im familiar with, and accept the obligation of the state in the state | ations of, Section 607.0505, Florid         | la Statute             | es.                              |  |          |
| SIGNATURE                                   |  |   |                        |                                  | ired when reinstating) DATE  | -        |
| 12.   | Signature, typed or printed name of registered age   |   | 13.                    | gent aignatura requi             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | ┥.       |
| TITLE                                       | D DELETE   |   | 1.1 TITLE              | E                                | ☐ Change ☐ Addition  | 'n       |
| NAME  | HUGHES, JENNIFER S   |   | 1.2 NAM                | Ε                                |  |          |
| STREET ADDRESS                              | TOOL CONTEX DD MI  |   | 1.3 STREET ADDRESS     |                                  |  |          |
| CITY-ST-ZIP                                 | BRADENTON FL 34210-2446  |   | 1.4 CITY               | -ST-ZIP                          |  | }        |
| TITLE                                       | D DELETE   |   |                        | E .                              | ☐ Change ☐ Addition  | 'n       |
| ) NAME                                      | HUGHES, RICHARD T  |   | 2.2 NAM                | E                                |  | 1        |
|   | 7604 CORTEZ RD W   |   |                        | EET ADDRESS                      |  |          |
| CITY-ST-ZIP                                 | BRADENTON FL 34210-2446  |   |                        | Y-ST-ZIP                         | <del></del>  | ╛        |
| -TITLE ~                                    |  | DELETE                                      | 3.1 11111              | E                                | Change Addition  | /n _     |
| NAME  | J  |   | 3.2 NAM                | E                                |  | Ì        |
| STREET ADDRESS                              | }  |   | 3.3 STR                | EET ADDRESS                      |  |          |
| CITY-ST-ZIP                                 |  |   | 3.4. CITY              | /-ST-ZIP                         |  | ╛        |
| TITLE                                       |  | ☐ DELETE                                    | 4.1 TITL               | E                                | Change Addition  | n        |
| NAME  |  |   | 4. 2 NAM               | AE                               |  |          |
| STREET ADDRESS                              | )  |   | 4.3 STR                | EET ADDRESS                      |  |          |
| CITY-ST-ZIP                                 |  |   | 4.4 CITY               | -ST-ZIP                          |  | _}       |
| TITLE                                       |  | ☐ DELETE                                    | 5.1 TITL               |                                  | Change Addition  | nc       |
| NAME  |  |   | 5.2 NAM                | IE                               |  |          |
| STREET ADDRESS                              |  |   | 5.3 STR                | EET ADDRESS                      |  |          |

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: >

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90133 047 \*\*\*150.00

Addition

\_\_\_ Change