## 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 # S61294

M & J HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90051 037 \*\*\*150.00



% MIRIA BALINSKI 4423 S.E. 16TH PLACE. UNIT 17 CAPE CORAL FL 33904		% NIRIA-BALINSKI 4423 S.E. 16TH PLACE. UNIT 17 CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  06/20/1991			
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21 MAR	MARIA BALINSKI 26 MARIA BALIN			KI	65-0265903		Not Applicable
Suite, Apt. #					5. Certificate of Status Desired S7.7.5 Additional Fee Required		
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	•	0 May Be d to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	ntangible	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name	ARLA BALLASKI	MAR	מגב
BALINCKI, MIRIA			82	Street	Address (P.O. Box Number is Not Acceptable)		7.73
4423 S.E. 16TH PLACE							
UNIT 17 CAPE CORAL FL 33904			83				
			84	City	FI	<u> </u>	p 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	Signature, typed or printed name of registered agent a	and title of applicable (NOTE: Regis	stered Ager	nt signature r	equired when reinstating) DATE		<del></del> [ ,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	D		1,1 TITLE			Change	e Addition
NAME	BALINGKI, MARIA		1 2 NAME	-	BALINSKI, MARIA	•	} ;
STREET ADDRESS	4423 S.E. 16TH PLACE #17	Ĭ	1.3 STREE	TADDRESS	Division, Interior		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-S	T-ZIP			:
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	e 🔲 Addition
NAME	HERNANDEZ, JANINA		2.2 NAME				
STREET ADDRESS	4423 S.E. 16TH PLACE #17		2 3 STREE	TADDRESS			}
CITY-ST-ZIP	CAPE CORAL-FL		2."4 CITY-5	st-zip-			
TITLE		☐ DELETE	3.1 TITLE			. Change	e
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREE	TADORESS			1
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		· .	Change	e 🗌 Addition
NAME			4. 2 NAME				ŀ
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE			Change	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			- 1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS		ſ	6.3 STREE	T ADDRESS			[
					1		i

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: