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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

S & L HAIR DESIGNERS, INC. ✓

Principal Place of Business

Mailing Address

4809 EAST BUSCH BLVD
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
JANUARY 15, 1992

2. Principal Place of Business

2a. Mailing Address

21 4809 E BUSCH BLVD

26

4. FEI Number

59-3105525

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

27

5. Certificate of Status Desired

88.75 Additional Fee Required

City & State

City & State

23 TAMPA FL

28

6. Election Campaign Financing Trust Fund Contribution

85.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33617

25

29

30

8. This corporation owes the current year intangible Personal Property Tax.

X Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA JOHNSON
5709 PORESLEY PL
APT C
TAMPA fl 33617

81 Name
LINDA JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
4809 E BUSCH BLVD

83 STE 1

84 City
TAMPA

FL

85 Zip Code
33617

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-25-1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T/D DELETE
NAME LINDA JOHNSON
STREET ADDRESS 4809 E BUSCH BLVD
CITY - ST - ZIP TAMPA, FL 33617

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-1999

Date

Daytime Phone #