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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V20854

HAIR TECHNIQUE OF PEMBROKE LAKES, INC.

FILED Jan 30, 1999 8:00am **Secretary of State**

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| Principal Place of Business Mailing Address | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ., aver 86817 U | iera enem eném, e | , eri BiBit 1881 | |
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| PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 | | | 5 | | | | : | | | |
| | | | | | | DO NOT WRIT | E IN THIS | SPACE | | _ |
| | | | | | | 3. Date Incorporated or Qualifed | | | | |
| • | | | | | | 03/13/1992 | | | | |
| 2. Principal F | 2. Principal Place of Business 2a. Mailing A | | | | | 4. FEI Number | | App | olied For | 1 : |
| 21 | 26 | | | | | 65-0317840 | | Not | Applicable | 1 : |
| Suite, Apt | Apt. #, etc. Suite, Apt. #, etc. | | | | | E Contiferate of Chat is Desired | | \$8.75 A | dditional | 1 |
| 22 | 27 | | | | | 5. Certifcate of Status Desired | | Fee Red | quired | 1 |
| City & Sta | ite 💥 🚉 | City & State | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be ' | 1 |
| 23 | | 28 | | | Trust Fund Contribution | \Box | Added to | | 1 | |
| Zip | Country Country | Zip Country | | | | 8. This corporation owes the curre | nt year Inta | angible | | 1 |
| 24 | 25 | 29 30 | | | | Personal Property Tax. | • | Yes | □No | 1 |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Ro | egistered / | Agent | |] |
| | | | | 81 Nar | ne | | | • | |] |
| | INSTON, ELIZABETH | 35/6+5 " · | | 82 Stre | at Addra | o (D.O. Boy Number is Not Assessed | | | | - |
| | *** ********** | Will Co | oz Sue | et Addres | et Address (P.O. Box Number is Not Acceptable) | | | | | |
| PEN | ABROKE PINES FL 33025 | | ł | 83 | | | 3 CA 71 PA | 4 44 45 | 3.11.51.1251 | 1 |
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| 11® Pursuant | to the provisions of Sections 607.0502 | and 607:1508. Florida Statuta | e the st | ove nam | ed comor | ation outputs this statement for the n | uropeo of | chinging ite | naietorod 💥 | 17. |
| office or | t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with and accept the obligation | f Florida. Such change was au | thorized | by the co | orporation | 's board of directors. I hereby accept | the appoin | itment as reg | istered | { |
| agent: 1 a | am familiar with and accept the obligation | ons of, Section 607.0505, Flori | da Statu | ites: | - "" | State of the state of the state of the | *** *** E | *** | *, * * | |
| SIGNATURE | | | | | | | | | | |
| 12. | Signature, typed or printed name of registered agent of OFFICERS AND | | 13. | Agent signat | ure required v | then reinstating) ADDITIONS/CHANGES TO OFF | DATE AN | DIDECTO | OC IN 12 | 1 6 |
| TITLE | D * 1997. | DELETE | 1.1 TIT | 1 E | | ADDITIONS/CHANGES TO OFF | ICERS AN | ☐ Change | Addition | 1 |
| NAME | JOHNSTON, ELIZABETH | | | | | | | L Criange | | 3 |
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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.