03-03-1999 90128 046 \*\*\*150.00

## 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 # V46955

DOROTH	Y'S HAIR STUDIO, INC.			,			
Principal Place	of Business	Mailing Address			-	UIUII UEULI VIVII UEI	TH BIBIT JEST
422 NORTHWEST 3RD STREET OKEECHOBEE FL 34972 US  422 NORTHWEST 3RD STREET OKEECHOBEE FL 34972 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					06/24/1992	<u> </u>	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-3133475		Applicable
Suite, Apt. 1	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	<b>\$8.75</b> Ac Fee Req	
City & State	)	City & State			6. Election Campaign Financing	\$5.00 A	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		□No
24	25		30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81 N	lame 🖍		Agent	
TCIT	PART DOROTHY V		"   "		orothy m Kinch	en.	
TEITSORT, DOROTHY K. 422 NORTHWEST 3RD STREET			82 5		ss (P.O. Box Number is Not Acceptable)	1	
OKEECHOBEE FL 34972			83	<b>4</b> 4 2	22 NW 3 Ka s	<i>1</i>	
UNE	ECHOBEE FL 349/2		63				
			t I	ity OK	retion submits the statement for the purpose of the board of directors. I hereby accept the appropriate the purpose of the pur	L 85 Zip C	972
agent. I ar	m familiar with, and accept the obligated the obligated the obligated the obligated the obligated age. Signature, typed or printed name of registered age.	tions of, Section 607.9505, Florid 1. 2 N NOTE: Internal title if applicable. (NOTE: Internal title if applicable)	Thy W Registered Agent sig	1.41	when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	15-99	1
12.		ID DIRECTORS	13.		- ADDITIONS/CHANGES TO OFFICERS F	☐ Change	Addition
TITLE	PSD	☐ DELETE	1.1 TITLE		,	Change	
NAME	KINGILA, DONOTH III		1.2 NAME		•	•	
STREET ADDRESS	422 NW 3RD STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	OTTELONIO DEL TE		1.4 CITY-ST-ZI	P		☐ Change	Addition
TITLE			2.1 TITLE				
NAME			2.2 NAME		• • • •		
STREET ADDRESS			2.3 STREET AD				
CITY-ST-ZIP			2. 4 CITY-ST-Z 3.1 TITLE	IP		☐ Change	Addition
TITLE			3.2 NAME				
NAME			3.2 NAME 3.3 STREET AD	DDCCC			
STREET ADDRESS				į			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-Z	F		☐ Change	Addition
TITLE			4. 2 NAME			— . <del>-</del>	
NAME			4.2 NAME 4.3 STREET AD	ADESS			
STREET ADDRESS			4.3 STREET AD		The state of the s		
CITY-ST-ZiP		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		_ 5222.2	5.2 NAME		المعارض المعارض والماسيونين		,
NAME			5.3 STREET AD	DRESS	The same of the sa	173.34	
STREET ADDRESS			5.4 CITY-ST-Z		# \$10 C	CONT.	
CITY-ST-ZIP TITLE			61 TITLE			Change	Addition
MANE			6.2 NAME			-· -	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS