Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90019 048 ***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 # **V72227**

1. Corporation Name

HNIVERSAL HAIR REMOVAL SYSTEM, INC.

OTTIVETIO							
Principal Place	e of Business	Mailing Address					
4601 W. KENNEDY BLVD. P.O. BOX 1482		P.O. BOX 1482					
SUITE #107 ST. PETERSBURG FL 33731					DO NOT INDITE IN T	LUC COACE	
TAMPA FL 33609 US					DO NOT WRITE IN T	AIS SPACE	
U\$		_			3. Date Incorporated or Qualifed 10/12/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> '</u>	pptied For
21		26		59-3159218		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional ~~	
22	<u></u>	27					equired
City & State	e	City & State			6. Election Campaign Financing		May Be to Fees
23		28			Trust Fund Contribution		to rees
Zip	Country	Zip	Country	r	8. This corporation owes the current year	r Intangible Yes	ΣΣάÑο
24	25		30 <u> </u>		Personal Property Tax. 10. Name and Address of New Register		1,22,40
	9. Name and Address of Curr	ent Registered Agent	81	Name	IV. Maine and Address of New Register	ou rigent	
SIME	SON, WILLIAM H.		"	, valie			
6045-2 CALAIS BLVD. N			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33714		83	 -			_
01. 1	ETEROBORIO TE GOTTI		63				
			84	City		85 Zip	Code
				L	poration submits this statement for the purpose		- registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was aut gations of, Section 607.0505, Florid	norized by da Statutes	tne corporati	on's board of directors. Thereby accept the ap	pomunem as re	egistered
	Signature, typed or printed name of registered a	<u> </u>	_	nt signature require	ed when reinstating) DATE ADDITIONS (CHANGES TO OFFICE PE		ODC IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	CD CHARCON WILLIAM H	☐ DECEIE	1.1 TITLE			□ ourailgo	
NAME	SIMPSON, WILLIAM H.		1.2 NAME				
STREET ADDRESS	6045-2 CALAIS BLVD.		1	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	1.4 CITY- S	T-ZIP		☐ Change	Addition
TITLE	DP	C) pereie	2.1 TITLE			Onlango	
NAME	SIMPSON, MARY R		2.2 NAME				
STREET ADDRESS	6045-2 CALAIS BLVD.			TADORESS			ļ
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-1	ST-ZIP		☐ Change	Addition
TITLE	DV	☐ DELETE	3.1 TITLE			C Change	
NAME	SIMPSON, WILLIAM H.		3.2 NAME		•		ļ
STREET ADDRESS	6045-2 CALAIS BLVD.			T ADDRESS	·		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	, 4.1 TITLE		-	□ Change	
NAME			4. 2 NAME				• }
STREET ADDRESS	İ		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			□ Addition
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY- 5	ST-ZIP			☐ Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			,

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 accuracy 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.

6.4 CITY-ST-ZIP

G OFFICER OR DIRECTOR