FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

CITY-ST-ZIE

DIVISION OF CORPORATIONS

1. Corporation	MENT # P9500 TY SALON IVONNE, INC.	0032646 (8	3)				
Principal Place of Business Mailing Address						IIII OBIH OOLDA AUII	HEAL CHAR DIDIO DIII ILUI
2917 PLUNKETT ST. HOLLYWOOD FL 33020		2917 PLUNKETT ST. HOLLYWOOD FL 33020					
					3. Date Incorporated or Qualified 04/26/1995	3a. Date of	Last Report
2. Principal Pla	CE of Business N. UNIVERSITY DE	2a. Mailing Address 26 A 13 N. UU	VER	SITY DR	4. FEI Number	254	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	ESS	SALON	5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	POKE PLUES, FLA.	City & State 28 PEMBROKE	PINE	s FLA	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 33 ≤	Country	29 33024	Cou	U.S.A.	8. This corporation has liability to Florida Statutes	rintangible tax u s □ No	nder's 199.032,
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New	Registered Age	ent
	AK, TELMA I Lunkett St.	82 Street Addre		ess (P.O. Box Number is Not Accepta	ble)		
#24	COMMETT OT.			83			
HOLLYWOOD FL 33020				84 City		FL	35 Zip Code
or registere	of the provisions of Sections 607,0502 and agent, or both, in the State of Floridan, and accept the obligations of, Sections, and the state of the sections of	i. Such change was authorize n 607.0505, Florida Statutes.	d by the o	orporation's boar	d of directors. Thereby accept the app	rpose of changi pointment as reg	ng its registered office istered agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIF	
T ILF	SVD	☐ DELETE	1.1 T				hange Addition
STREET ADDRESS O(1Y+ST-ZIP)	CHEDIAK, TELMA I 2917 PLUNKETT ST. APT. 24 HOLLYWOOD FL 33020			AME TREET ADDRESS TY-ST-ZIP			
1-11.15	SVD	☐ DELETE	2 1 T				hange Addition
NAM:	CHEDIAK, PHILIP		2 2 N	AME			
STREET ADDRESS	2917 PLUNKETT ST. APT. 24		235	ireet address			
City - ST - ZiP	HOLLYWOOD FL 33020	DELETE	24CI 3.11	TY-ST-ZIP			hange Addition
Table NAME		F") pecut	3 1 I				eranĝe 🗀 Watabou
STREET ADDRESS				TREET ADDRESS			
CHY-ST ZIC				TY-ST-71P			<u></u>
TITLE		DELETE	411	ITLE			hange
NAM:			4 2 N				
STREET ADDRESS				FREET ADDRESS			
CHY-ST-ZIP THEF		DELETE	4 4 CI	TY-ST-ZIP			hange Addition
NAME		Docen	5 2 N				mange [_] Automoti
STREET ADDRESS				TREET ADDRESS			
CITY - S1 - ZIF				TY-ST-ZIP			
Taluf		☐ DELETE	611				hange
NAME			62 N	AME			
STREET ADDRESS			6 3 S	TREET ADDRESS			

6.4 CITY-ST-ZIP

11. It do hereby certify that the information supplied with this filing is voluntarily furnished and does does do qualify for the exemption stated in Section 119.07(3)(k), 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; truat 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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OFF SIGNING OFFICER OR DIRECTOR

Date

Date

Description 119.07(3)(k), Florida Statutes, I further certify that the information supplied with this filing is voluntarily furnished and does dead and does does do qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information supplied with this filing is voluntarily furnished and does does do qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify further certification for the certific further certification f