

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032646 (8)

1. Corporation Name
BEAUTY SALON VONNE, INC.



Principal Place of Business 213 NORTH UNIVERSITY DRIVE BUSINESS SALON PEMBROKE PINES FL 33024 US	Mailing Address 213 NORTH UNIVERSITY DRIVE BUSINESS SALON PEMBROKE PINES FL 33024-6715 US
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3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 65-0585254	Applied For Not Applicable
		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHEDIAK, TELMA I 2917 PLUNKETT ST. #24 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ DATE _____
Signature by registered agent or power of attorney of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SVD	<input type="checkbox"/> DELETE	1.1 TITLE SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEDIAK, TELMA I		1.2 NAME TELMA CHEDIAK I	
STREET ADDRESS 2917 PLUNKETT ST. APT. 24		1.3 STREET ADDRESS 12136 ST ANDREWS PL #207	
CITY- ST- ZIP HOLLYWOOD FL 33020		1.4 CITY- ST- ZIP MIRAMAR, FL 33025	
TITLE SVD	<input type="checkbox"/> DELETE	2.1 TITLE SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEDIAK, PHILIP		2.2 NAME PHILIP CHEDIAK	
STREET ADDRESS 2917 PLUNKETT ST. APT. 24		2.3 STREET ADDRESS 12136 ST ANDREWS PL #207	
CITY- ST- ZIP HOLLYWOOD FL 33020		2.4 CITY- ST- ZIP MIRAMAR FL 33025	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Telma Chediak* **TELMA CHEDIAK.** **4-14-97. 954-964-4580.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)