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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103569 (4)

VE SALON, INC.

Principal Place of Business Mailing Address						-{ I HEBUIRDU DIA HONIN YORU ORBUN ORBUN ORBUN HUBUN ARMAD HUBUN ORBUN ORBUN HUBUN HUBUN ORBUN DERIN HUBUN HUBUN HUBUN ORBUN HUBUN H		
3641 US 19 6441 WOODLAND LANE UNIVERSAL PLAZA NEW PORT RICHEY FL NEW PORT RICHEY FL 34652						DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 12/08/1997	
2. Principal Place of Business 2a. Mailing 2b. 2a. Mailing 2b. 2b. 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c			Mailing Address	Address			4. FEI Number Applied For S9 - 34 78 118 Not Applicable	
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	29	Zıp	30 Co	untry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No	
9. Name and Address of Current Registered Agent					Τ		10. Name and Address of New Registered Agent	
TAX	(-A-MISER, INC.	.,			81	Name		
* 6441 WOODLAND LANE NEW PORT RICHEY FL 34653					62	Street Add	treet Address (P.O. Box Number is Not Acceptable)	
IAE	W FORT MORE! TE 54055				63			
					84	City	FL 85 Zip Code	
office or re	o the provisions of Sections 607 agistered agent, or both, in the Sin familiar with, and accept the o	tate of Florida	a. Such change was	authorize	ed by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE _								
					Registe ed Agent signature requir			
12.	PSTD DELETE		13.	13. 11 ITILE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
NAME	ELONZAR, VICTORIA N				IAME			
STREET ADDRESS	6324 TENNESSEE AVENU	IE .				ADDRESS		
	NEW PORT RICHEY FL 3				SIMEEL SITY-S			
CITY-ST-ZIP TITLE	NEW FORT MODILITIES	TOUE	□ DELETE			1 - ZJP	Change Addition	
NAME			C) Section	2.2		ĺ	ottaligo natur	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP						ST-ZIP		
TITLE				3.1 TITLE		Change Addition		
NAME				3.2 M	IAME		·	
STREET ADDRESS				3.3 9	TREET	ADORESS		
CITY_CT_7KD						2T. 7IP		

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.

41 DTLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

SANTURE AND TYPED OR PRINTED NAME OF ORGANING OFFICER OR DIRECTOR

DELETE

☐ DELETE

DELETE

4-30-98

813-848-0265 Daytime Phone # 0000778

Change

☐ Change

Change

Addition

☐ Addition

■ Addition

**FILED** 

May 18 1998 8:00am

Secretary of State