

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050407 (4)**

1. Corporation Name
CESARS BEAUTY, INC.

Principal Place of Business

**3203 NORTH STATE ROAD 7
MARGATE FL 33063**

Mailing Address

**3203 NORTH STATE ROAD 7
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/12/1993** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business

21 **2900 W Sample**

2a. Mailing Address

26 **2900 W Sample**

4. FEI Number
65-0426518

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 **Bay 440**

27 Suite, Apt. #, etc.

27 **Bay 440**

5. Certificate of Status Ourselves **\$8.75 Additional Fee Required**

23 City & State

23 **Pompano Beach FL**

28 City & State

28 **Pompano Beach FL**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

24 **33073**

25 Country

25 **Country**

29 Zip

29 **33073**

30 Country

30 **Country**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ZEITLER, MARC
3203 NORTH STATE ROAD 7
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2900 W Sample Rd

83

Bay 440

84 City

Pompano Beach

FL

85 Zip Code

33073

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

Signature of Registered Agent

Signature of Registered Agent

(14)

12. OFFICERS AND DIRECTORS

TITLE: **PSTD**
NAME: **ZEITLER, MARC**
STREET ADDRESS: **3203 NORTH STATE ROAD 7**
CITY, ST. ZIP: **MARGATE FL 33063**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

2900 W Sample Rd Bay 440

14 CITY, ST. ZIP

Pompano Beach, FL 33073

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST. ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST. ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST. ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST. ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This is an official statement of this corporation or the person or persons empowered to execute the report as required by Chapter 127, Florida Statutes, and that my name appears in Block 13 of this report, or as an addendum with an acknowledgment.

SIGNATURE: *Marc Zeitler* Mark Zeitler 4/28/95 (305) 346-7288