

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **262908**

(7)

1. Corporation Name

C & S BEAUTY SALON INC



Principal Place of Business

**4704 N ARMENIA AVE
TAMPA FL 33603**

Mailing Address

**4704 N ARMENIA AVE
TAMPA FL 33603**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/21/1962

3a. Date of Last Report

03/24/1995

4. FEI Number

59-0978698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CIRELLA, ANTHONY
4704 NORTH ARMENIA AVENUE
TAMPA FL 33603**

81 Name

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

83

84 City

FL

85 Zip Code

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 person in charge of preparing and filing this report

Signature of Agent or person responsible for registering

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PD
CIRELLA, ANTHONY
803 W. INDIANA
TAMPA FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**VST
CIRELLA, MARY JANE
803 W. INDIANA
TAMPA FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

10. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Mary Jane Cirella* *Mary Jane Cirella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

813-872 8658

DATE

TELEPHONE NUMBER

CR2E034 (12/95)