

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 4: 24

DOCUMENT # 440677 (3)

1. Corporation Name  
THOMAS-JOSEPH BEAUTY SALON, INC

|  |  |
|--|--|
| Principal Place of Business                                    | Mailing Address  |
| C/O THOMAS J. PATTI<br>2 E. CAMINO REAL<br>BOCA RATON FL 33432 | C/O THOMAS J. PATTI<br>2 E. CAMINO REAL<br>BOCA RATON FL 33432 |

DO NOT WRITE IN THIS SPACE.

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/26/1973 | 3a. Date of Last Report<br>05/01/1994 |
|---|---------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 2a                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Country             |
| 24                             | 25                  |
| Zip                            | Country             |
| 29                             | 30                  |

|   |  |
|---|--|
| 4. FEI Number<br>59-1506969   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

PATTI JR, THOMAS J  
2 E. CAMINO REAL  
780 ST ALBANS DRIVE  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
| 83  |             |
| 84 City   |             |

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                      |
|----------------------------|----------------------|
| TITLE                      | P                    |
| NAME                       | PATTI, THOMAS J.     |
| STREET ADDRESS             | 780 ST. ALBANS DRIVE |
| CITY- ST- ZIP              | BOCA RATON FL        |
| TITLE                      | ST                   |
| NAME                       | PALMIERI, JOSEPH L   |
| STREET ADDRESS             | 794 NE HARBOUR DR    |
| CITY- ST- ZIP              | BOCA RATON, FL 00000 |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY- ST- ZIP              |                      |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY- ST- ZIP              |                      |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY- ST- ZIP              |                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY- ST- ZIP                                     |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY- ST- ZIP                                     |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY- ST- ZIP                                     |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY- ST- ZIP                                     |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY- ST- ZIP                                     |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY- ST- 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or not as attachment with new address.

SIGNATURE: *[Signature]* 1-30-95 401.3680200  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Telephone No.)