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FILED

**Apr 04 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 # 460076 (3)

1. Corporation Name
ARTURO'S BEAUTY SALON OF LAUDERDALE LAKES, INC.



Principal Place of Business Mailing Address

**4850 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313-7260**

**4850 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313-7260**

2. Principal Place of Business 2a. Mailing Address

21 26

State, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **08/23/1974** 3a. Date of Last Report **07/30/1996**

4. FEI Number **59-1578807** 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

MILITELLO, GEORGE
4850 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33319

DECEASED

10. Name and Address of New Registered Agent

81 Name **ARTHUR. GOODMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
4850 W. OAKLAND PARK BLVD.

83

84 City **LAUD. LAKES FL** 85 Zip Code **33313**

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: *Arthur Goodman* DATE: **3.30.97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	GOODMAN, ARTHUR
STREET ADDRESS	4850 W OAKLAND PARK BLVD
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	<input type="checkbox"/> DELETE
NAME	PRES. ARTHUR GOODMAN
STREET ADDRESS	4850 W OAKLAND PARK BLVD.
CITY-ST-ZIP	LAUD. LAKES FL. 33313
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRES ARTHUR GOODMAN
1.3 STREET ADDRESS	4850 W. OAKLAND PARK BLVD.
1.4 CITY-ST-ZIP	LAUD. LAKES FL. 33313
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 does not qualify for the information indicated on this annual report or supplemental annual report is true and correct. I am an officer or director of the corporation or the receiver or trustee empowered to file 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: *Arthur Goodman* DATE: **3.19.97**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)