

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

FILED

Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 460076 (3)**  
 1. Corporation Name  
**ARTURO'S BEAUTY SALON OF LAUDERDALE LAKES, INC.**



Principal Place of Business <b>4850 W. OAKLAND PARK BLVD.</b> <b>LAUDERDALE LAKES FL 33313-7260</b>	Mailing Address <b>4850 W. OAKLAND PARK BLVD.</b> <b>LAUDERDALE LAKES FL 33313-7260</b>
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<b>2. Principal Place of Business</b> <b>21</b> State, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>08/23/1974</b>	<b>3a. Date of Last Report</b> <b>07/30/1996</b>
<b>4. FEI Number</b> <b>59-1578807</b>		<b>Applied For</b> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

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

**DECLARED**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>ARTHUR. GOODMAN</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>4850 W. OAKLAND PARK BLVD.</b>
<b>83</b>	
<b>84</b> City	<b>LAUD. LAKES FL</b>
<b>85</b> Zip Code	<b>33313</b>

**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: *George Y. Goodman* DATE: **3.30.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, ARTHUR</b>	1.2 NAME	<b>ARTHUR GOODMAN</b>
STREET ADDRESS	<b>4850 W OAKLAND PARK BLVD</b>	1.3 STREET ADDRESS	<b>4850 W. OAKLAND PARK BLVD.</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	1.4 CITY-ST-ZIP	<b>LAUD. LAKES FL. 33313</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTHUR GOODMAN</b>	2.2 NAME	
STREET ADDRESS	<b>4850 W OAKLAND PARK BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUD. LAKES FL. 33313</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Arthur Goodman* 3.19.97 DAY 9/0

CR2E034 (9/96)