

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 30 1998 8:00am  
Secretary of State

DOCUMENT # 460076 (3)  
1. Corporation Name  
ARTURO'S BEAUTY SALON OF LAUDERDALE LAKES, INC.



Principal Place of Business  
4850 W. OAKLAND PARK BLVD.  
LAUDERDALE LAKES FL 33313-7260

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/23/1974

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 owes or has paid the current year intangible  
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business  
21 4850 W. OAKLAND PARK BLVD.  
Suite, Apt. #, etc.  
22 112  
City & State  
23 LAUD. LAKES FL.  
Zip  
24 33313  
Country  
25 BROWARD

2a. Mailing Address  
26 4850 W. OAKLAND PARK BLVD.  
Suite, Apt. #, etc.  
27 112  
City & State  
28 LAUD. LAKES FL.  
Zip  
29 33313  
Country  
30 BROWARD

9. Name and Address of Current Registered Agent

GOODMAN, ARTHUR  
4850 W. OAKLAND PARK BLVD  
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

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

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*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-98

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendment with an address.

SIGNATURE *Arthur Goodman* 4-23-98

CR2E034 (10/97)