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

PROFIT **CORPORATION ANNUAL REPORT**

1997

5.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

DOCUMENT # 460825

(3)

JACQUES HAIRDRESSERS, INC.

FILED	
May 19 1997 8:00a	ım
Secretary of State	<u>,</u>



Principal Place		Mailing Address				
1 WEST CAMIN	O REAL	1 WEST CAMINO REA	AL .			
BUTTE A BOCA RATON F	FL ÓR IDA 3 3432	BOCA RATON FLORID	A 33432-59	366		
			1		3. Date Incorporated or Qualified 09/10/1974	3a. Date of Last Report 04/18/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1552640	Not Applicab
Sulte, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	- T - E	\\	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	30	Country	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, ☑ Yes □ No
24	9. Name and Address of Curre	29 ent Registered Agent	[30]		10 Name and Address of New Rec	F
* SMO	DISH, MICHAEL P.			81 Name	- 0	
	AT WESTERN BANK #301				. PATRICK JACQU	<u>ES</u>
	NORTH CONGRESS AVE.			82 Street Add	TATRICK JACQU dress (P.O. Box Number is Not Acceptab DE BRIDEEWOOD	DRIVE
	NTON BEACH FL 33426		;	83	DE DEIDGE WOOD	- VC/ V.Z.
5011	MON DESCRIPTION OF THE PARTY OF					
	/ 1/)		84 City	OCA RATON	FL 85 Zip Code 32434
11. Pursuant to	o the provisions of Sections 607.05	502 and 607 1508. Florida Si	tatutes the	above lamed co	reporation submits this statement for the p	
office or re	egistered agent, or bent, in the Sta	te of Florida. Such change v	vas authori:	zed by the corpor	reforation submits this statement for the p alion's board of directors. I hereby accep	t the appointment as registered
	m tarmillar with, and added the ext	idations of Section 607.0503	o, Florida p	Arithes.	m	#-9-47
SIGNATURE	Signature, typed or proted some of egistava a	openi of title if applicable.	(NOTE Regist	soud Reunt stanature rea	upod when reinstating)	DATE
12.		DIRECTORS	TX	3	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PV	☐ DELETE	4	1 TITLE		Change Additi
NAME	JACQUES, J PATŘÍCK		12	2 NAME		
STREET ADDRESS	702 BRIDGEWOOD DR.		1.3	3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 3	3434 MARIETE	14	4 CITY-ST-ZIP		
TITLE	8	DELETE	2	1 TITLE		Change Additi
NAME	HUANG, MAY J.		2.3	2 NAME		
STREET ADDRESS	P O BOX 2043 N/A		2.3	3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2	4 CITY-ST-ZIP		
TITLE		DELETE	3.1	1 TITLE		Change Additi
NAME			3.	2 NAME	·	
STREET ADDRESS			9 .5	3 STREET ADDRESS		
CITY-ST-ZIP				4. CITY-ST-ZIP		
TITLE .		DELETE	1	1 TITLE		Change Additi
NAME			4.	2 NAME		
STREET ADDRESS			1	3 STREET ADDRESS		
CITY-ST-ZIP	,			4 CITY-ST-ZIP		
TITLE	† · · ·	☐ DELETE	\$.	1 TITLE		Change Additi
NAME	4.1.		\$.2	2 NAME		
STREET ADDRESS			\$.3	3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY-ST-ZIP		
TITLE -		☐ DELETE	[6.	1 TITLE		☐ Change ☐ Additi
NAME	Art and the		6.2	2 NAME		
STREET ADDRESS		_	_ 	3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY - ST - ZIP		
14. I do hereb information I am an off appears in	y certify that the information suppling in Indicated on this annual report of fleer or director of the corporation Block 12 or Block 13 if changed,	iled with this filing does not a r supplemental annual reper or the receiver of trustee em or on an attachment with e	qualify for the strue and address.	he exemption state d accurate and the o execute this rep	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega ort as required by Chapter 607, Florida S	 I further certify that the l effect as if made under oath; t latutes; and that my name