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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 598756

(5)

SUNRISE BEAUTY SALON, INC.

	F	FILED)
Mar	12	1997	8:00am
Se	cret	tary of	f State



Principal Place of Business 1997 KASS CIRCLE -SUTIE 107 SPRING HILL FL 34800-4351 US		Mailing Address 1387 KASS CIR			3. Date Incorporated or Qualified 3a. Date of Last Report					
2. Principal Pla	ice of Business	2a. Mailing Address				12/28/1978 4. FEI Number		U3/2	2/1996 	pplied For
21 1373 KASS CIRCLE Suite, Apt #, etc. 22		26 Shw & Suite, Apt. W, etc.			59-1874878				ot Applicable	
					5. Certificate of Status Desired			\$8.75 Additional		
City & State	Na HILL FL	City & State			Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Ζφ	Country	Z-p	Co	untry		8. This corporation has I			·	···········
4 341	06 25 USA	29	30			Florida Statutes	×	Yes 🔲	No	J. 700.00E,
	g, Name and Address of Current	Registered Agent		T,		10. Name and Address	of New Reg	istered Ag	ent	
	N, LOUIS			81	Name					
	2 TWELVE OAKS CIRCLE KI WACHEE FL 34613			82	Street Add	lress (P.O. Box Number is N o	Acceptabl	e)		
				83					··· • · · · · · · · · · · · · · · · · ·	4-Juliust
				84	City			FL	85 Zip	Code
agent Fan SIGNATURE	gistered agent, or both, in the State of tamiliar with, and accept the obligations of the control of the contro	ions of, Section 607 0505	, Florida Sta	atuteś	3 .	ired when reinstating)	ecy accept	DATE	minera at	o registried
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICE		DIRECTO	RS IN 12
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14. For 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 orector of the contraction or the recorder of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 18 if changed, or on an at the month with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

Louis Adim

36-97

352-683-0300