SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004742 (3)

TOTAL BEAUTY PLUS, INC.

5	75 11	NA-TE- Andress					
•	e of Business	Mailing Address					
845 WEST MADISON CHICAGO IL 80607 US		845 WEST MADISON CHICAGO IL 60607			DO NOT WRITE IN THIS SPACE		
		US					
					3. Date Incorporated or Qualified	3a. Date of La	•
					10/20/1993	03/05/199	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	_	Applied For
21 Suite And High		26		· · · · · · · · · · · · · · · · · · ·			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		Certificate of Status Desired	1 1 7	5 Additional e Required	
22 City & State	<u> </u>	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	<u>'</u>
23 Zin	•	28			Trust Fund Contribution		00 May Be sed to Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes or has p		
24	25	29	30	•	Personal Property Tax due Juni		☐ No
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New R	egistered Agent	
CT	CORPORATION SYSTEM			B1 Name			
	SOUTH PINE ISLAND ROA	'D	- h	B2 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)	
	NTATION FL 33324		[`	oli bot ric			
			[7	B3			
			ļ.	84 City		[85]	Zip Code
							•
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida S	tatules, the ab	ove-named co	orporation submits this statement for the tration's board of directors. I hereby acce	purpose of changi	ng its registered
office of r agent. I a	registered agent, or both, in the tail in	state of Florida, Such change v obligations of, Section 607.050!	vas autriorized 5. Florida Stati	i by the corpo ites.	ration's board of birectors, I hereby acce	pi the appointmen	t as registered
_	•	_					
SIGNATURE							
SIGNATURE	Signature, typed or printed name of register	od agent and title if applicable	(NOTE Registered	Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS	S AND DIRECTORS	13.		quired when reinstaling) ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
	OFFICERS C		13.				
12.	OFFICERS C MELK, JOHN J	S AND DIRECTORS	13.	LF.		CERS AND DIREC	
12. TITLE	OFFICERS C MELK, JOHN J 676 N. MICHIGAN AVE.	S AND DIRECTORS	13. E 1.1 THIL 12 NAM	LF.		CERS AND DIREC	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS C MELK, JOHN J	S AND DIRECTORS	13. 1.1 THU 1.2 NAM 1.3 STR	LE. ME HEET ADDRESS Y-ST-ZIP		CERS AND DIREC	nge Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS C MELK, JOHN J 676 N. MICHIGAN AVE. CHICAGO IL V	S AND DIRECTORS	13. E 1.1 TITU 12 NAN 13 STR 14 CIT E 21 TITU	LE. ME. IEEY ADDRESS Y-ST-ZIP LE		CERS AND DIREC	nge 🔲 Addition
12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS C MELK, JOHN J 676 N. MICHIGAN AVE. CHICAGO IL V MELK, CYNTHIA L	S AND DIRECTORS	13. E 1.1 TITL 12 NAN 13 STR 14 CIT E 21 TITL 22 NAN	LE. ME. HEET ADDRESS Y-ST-ZIP LE		CERS AND DIREC	nge 🔲 Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS C MELK, JOHN J 676 N. MICHIGAN AVE. CHICAGO IL V MELK, CYNTHIA L 676 N. MICHIGAN AVE. CHICAGO IL	S AND DIRECTORS	13. E 11 Till 12 NAM 13 STR 14 CIT 21 TILL 22 NAM 23 STR 2 4 CIT E 3.1 TITL	LE ME LEEY ADDRESS Y-SI-ZIP LE ME LEET ADDRESS LEFT ADDRESS LY-SI-ZIP LE		CERS AND DIREC	nge Addition
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