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

DOCUMENT # F9700002953 (4)

SALON FINISHING TOUCHES, INC.

FILED Feb 17 1998 8:00am Secretary of State

		•			
Principal Place of Business Mailing Address					10140 110f0 f0f4F 01f00 1117 1001
5163 B EUROPA DR. 5163 B EUROPA DR.					
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 3343			37	DO NOT WRITE IN TH	IS SPACE
]				3. Date incorporated or Qualified	
			···	06/06/1997	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	26		11-2870003	Not Applicable \$8.75 Additional
22	, olo.	27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State	, , <u>, , , , , , , , , , , , , , , , , </u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intengible Yes No
24	9. Name and Address of Curre		30	10. Name and Address of New Registere	
KURFURST, MARVIN 81 Name					
5163 B EUROPA DR.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33437					
			83		
			84 City	-	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corport					
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 Section 607,0505, Florida Statutes.					
SIGNATURE X Marvin k. Lupuri					
SIGNATURE	Signature, typed or profed name of regulatered as		Registered Agent signature req	·	
12.		ND DIRECTORS CONTROL	13.	ADDITIONS/CHANGES TO OFFICERS A	····
THLE	PDC	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	KURFURST, MARVIN 5163 B EUROPA DR.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	,	1.4 CfTY-ST-ZIP		
TITLE	VDC	☐ DELE1E	2.1 TITLE		☐ Change ☐ Addition
NAME	KURFURST, ARLENE		2.2 NAME		
STREET ADDRESS	5163 B EUROPA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 ICHTY - ST - ZIP		Ì
TITLE		DELETE	4.1 ITLE		☐ Change ☐ Addition
NAME			4. NAME		-
STREET ADDRESS			43 TREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST+ZIP		☐ DELE1E	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		☐ OCCUTIE	6.1 TITLE 6.2 NAME		CT Avenings CT verolifoti
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
0117-31-7IP	L	with this blood does not a solife for		in Pantian 110 07/21/i) Elerida Statutos I further	

14. Thereby 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 eath; 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 attachment with an address

SIGNATURE: 太

Marine)

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