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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G66701

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Apr 18 1997 8:00am
Secretary of State

| Principal Place of Bestinces AMONETTE SCHAPTER 4422 DEL PRADO BLVD. OAPE CORAL FL. 33804 2. Principal Place of Bestinces 2. Maling Address 2. Maling Address 2. Maling Address 3. Date of Lest Report 10/20/1988 04/25/1998 2. Principal Place of Bestinces 2. Maling Address 3. Suite, April M. etc. 4. Cally 4. Cally 4. Cally 4. Cally 4 | TONRO | N BEAUTY SALON, INC. | • | | | Pirin Bari Bari Bari Bari Bari Bari |
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| Principal Place of Business 2a, Mailing Address 2a, Mailing Address 4, Fill hambing Applied to | % ANTOINETTE SCHNATTER 4422 DEL PRADO BLVD. | | % ANTOINETTE SCHNATTER 4422 DEL PRADO BLVD. | | | |
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| Solids, April 4, olic. Solids, April 4, olic. Solids, April 4, oli | ⊢ | Place of Business | ····· | | | —————————————————————————————————————— |
| 27 | | #. etc. | | | 11-2358483 | ¢0.75 |
| City & State City & State City | 22 | | <u>}</u> | | 5. Certificate of Status Desired | |
| 28 | City & Stat | le . | | | 6. Election Campaign Financing | \$5.00 May Bo |
| 28 | | | | | - | Added to Fees |
| SCHNATTER, ANTOINETTE 4422 DEL PRADO BLVD. CAPE CORAL FL 33904 83 City FL 85 City FL 85 | | 25 | 29 | | Florida Statutes | Yes No |
| 422 DEL PRADO BLVD. CAPE CORAL FL 33904 82 Street Address (F.O. Box Number is Not Acceptable) 83 Ba City FL 85 Zerocate 84 City FL 85 Zerocate 85 Street Address (F.O. Box Number is Not Acceptable) 86 Street Address (F.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 05:07 and 607 15:06, Fistidal Statutes, the above-named corporation submits this statement for the pursose of branging its registered of directors. I hereby accept the appointment as registered agent, or both, in the Store of I fortice Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the director 67.605. First Statutes 86 SIGNATURE 12. OF I CE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Street Address (F.O. Box Number is Not Acceptable) 15. SUBMATER, ANTONETTE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. SUBMATER, ANTONETTE 15. SAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. STREET ADDRESS 16. STREET ADDRESS 17. ST.29 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. STREET ADDRESS 19. STREE | | | Registered Agent | 04 1 | 10. Name and Address of New Re | gistered Agent |
| CAPE CORAL FL 33904 Bay | | | | 811 Name | | |
| STATE Part of a provision of Sections 607 (6002 and 607.1506, Florids Statutes, the phone-parameter corporation submits this stetement for this purpose of changing its registered egent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes the corporation's board of clinectors. I hereby accept the appointment an registered egent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes SIGNATURE | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | le) |
| 11. Pursuant to the provisions of Sections 607 (0502 and D07 1508, Florids Statutes, the above-hanced corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept fine appointment as registered agent, and accept the obligations of Section 670,000, florids statutes agentate. SIGNATURE | OAI | E COINE I E 60907 | | 83 | | |
| 11. Pursuant to the provisions of Sections 607 (0502 and D07 1508, Florids Statutes, the above-hanced corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept fine appointment as registered agent, and accept the obligations of Section 670,000, florids statutes agentate. SIGNATURE | İ | | | 64 04 | | |
| SIGNATURE Signature of serviced regime of superior and steril argentials Policy Signature required when reliation policy | | | | 1 1 1 | | |
| 13. | 11. Pursuant office or r agent. I a | to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation | and 607.1508, Florida Statute Florida Such change was at ons of, Section 607.0505, Flor | s, the above-named corputhorized by the corporational statutes. | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing its registered it the appointment as registered |
| 12. | SIGNATURE | Signature types or printed name of registered agent. | and trie if applicable (NOT) | - Registered Agest signature requir | rort when minete: no.) | TIATE |
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 of the receiver of true receiver of the corporation of the receiver of true corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporati

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