Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90309 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H75041

1. Corporation SALON	VOGUE HAIRCUTTERS & D	ESIGNS, INC.						
Principal Place of Business Mailing Address								
% RICHARD N 11395-C PALM BOCA RATON	ETTO PARK ROAD	% RICHARD NATRILLO 11395-C PALMETTO PARK ROAD BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/10/1985		
D-111	Place of Business	2a. Mailing Address				4 FEI Number	Anr	lied For
<u> </u>	2a. Walling Address	Mailing Address			59-2604276		Applicable	
Suite, Apt	# etc		Suite, Apt. #, etc.				\$8.75 A	
22	, 11, 000	27				5. Certifcate of Status Desired	Fee Red	quired
	ile	City_& State				- 6. Election Campaign Financing \$5:00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip C		Co	ountry		This corporation owes the current year Int		/
24	25 29 30					Personal Property Tax.		ØNo
	9. Name and Address of Curren	t Registered Agent			,	10. Name and Address of New Registered	Agent	
				81	Name			
NATRILLO, RICHARD				82	Street Address (P.O. Box Number is Not Acceptable)			
11395-C PALMETTO PARK ROAD								
BOCA RATON FL 33428				83				. [
				84	City		85 Zip C	ode
,						FL		
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change w	ras authorize	a bv	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its ntment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registere	d Age	nt signature requ	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	_		E 1.1 T	πLE			Change	Addition
NAME	NATRILLO, RICHARD 1.21		IAME					
STREET ADDRESS	IDDRESS 10872 AVENIDA SANTA ANA 13		TREE	TADDRESS			ì	
CITY-ST-ZIP				ITY-S	T-ZiP	U-00-00-0		
TITLE	I		E 2.1 T	TILE			☐ Change	Addition
NAME			2.2 8	IAME				
STREET ADDRESS	s		2.3 \$	TREE	T ADDRESS			1
CITY-ST-ZIP					ST-ZIP			T Addition
TITLE	- I		E 3.1 T	3.1 TITLE			☐ Change	☐ Addition
NAME				IAME				
STREET ADDRES	s ·		3.3 9	TREE	T ADDRESS			
CITY-ST-ZIP					ST-ZIP		C 0+	
TITLE		☐ DELET		TILE			Change	☐ Addition
NAME	€ 3°		4. 2	NAME				
STREET ADDRES			4.3 5	TREE	T ADDRESS	•		
CITY-ST-ZIP		····			IT-ZIP	·		- Addition
TITLE		☐ DELET	E 5.11	TLE			Change	Addition

14. 1 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 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (561) 488-3350 Date Daytime Phone #

Change

☐ Addition