


Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J38347 (7) 1. Corporation Name HARBOR BEACH HAIR SALON FOR MEN AND WOMEN INC.		
Principal Place of Business % LISBETH MULVILLE 2226 SE 17TH ST. 17TH ST CAUSEWAY FT LAUDERDALE FL 33316-3106		Mailing Address % LISBETH MULVILLE 2226 SE 17TH ST. 17TH ST CAUSEWAY FT LAUDERDALE FL 33316
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> MULVILLE, LISBETH 2226 SE 17TH ST 17TH ST CAUSEWAY FT LAUDERDALE FL 33335 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE <small>Signatures typed or printed below of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input checked="" type="checkbox"/> DELETE MULVILLE, LISBETH 2226 SE 17TH ST FT LAUDERDALE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD <input type="checkbox"/> DELETE ELIAS, MARY 2226 SE 17TH ST FT LAUDERDALE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		