

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

50 FEB 27 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J56978

(6)

1. Corporation Name

GOOD LOOKS SALON, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
110 S UNIVERSITY DR. PEMBROKE PINES FL 33025-2234	110 S UNIVERSITY DR. PEMBROKE PINES FL 33025-2234

3. Date Incorporated or Qualified	3a. Date of Last Report
02/16/1987	12/12/1994

4. FEI Number	Applied For
59-2756228	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

SICARY, DAVID A.
2485 NE 209 TERR.
MIAMI FL 33180

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David A. Sicary*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

2-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SICARY, DAVID A.	1.2 NAME	
STREET ADDRESS	2485 NW 209 TER	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 a circular stamp that I am an officer or director of this 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:

David A. Sicary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. SICARY

2-21-95

305 432-7708