

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 JUL 21 PM 12: 25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L10340 (2)

1. Corporation Name  
CAPRI SALON OF BEAUTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
C/O DONNA PIETRAS C/O DONNA PIETRAS  
1581 HORIZON RD. 1581 HORIZON RD.  
VENICE FL 34293 VENICE FL 34293

3. Date Incorporated or Qualified 08/17/1989 3a. Date of Last Report 09/01/1994  
4. FEI Number 65-0140441 Applied For 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
PIETRAS, DONNA  
1581 HORIZON RD.  
VENICE FL 34293

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------|---|---|
| TITLE                      | PS               | 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PIETRAS, DONNA   | 1 2 NAME  |   |
| STREET ADDRESS             | 1581 HORIZON RD. | 1 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | VENICE FL        | 1 4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP               | 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PIETRAS, ROBERT  | 2 2 NAME  |   |
| STREET ADDRESS             | 1581 HORIZON RD. | 2 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | VENICE FL        | 2 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 3 2 NAME  |   |
| STREET ADDRESS             |                  | 3 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 3 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 4 2 NAME  |   |
| STREET ADDRESS             |                  | 4 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 4 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 5 2 NAME  |   |
| STREET ADDRESS             |                  | 5 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 5 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(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 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.

SIGNATURE: Robert S. Pietras (Typed Name)  
Robert S. Pietras