

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L17189 (6)**
1. Corporation Name
SHAMPOO, INC.



Principal Place of Business
**4400 SAMPLE RD SUITE 108
COCONUT CREEK FL 33073-3457**

Mailing Address
**4400 SAMPLE RD SUITE 108
COCONUT CREEK FL 33073-3457**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **09/19/1989**
3a. Date of Last Report **01/23/1995**
4. FET Number **65-0142481**
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

9. Name and Address of Current Registered Agent

**CHIULLI, VICTOR
8870 NW 49 DR
CORAL SPRINGS FL 33067**

10. Name and Address of New Registered Agent

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

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

(If the Registered Agent is a corporation, the signature of the officer or director of the corporation must be obtained.)

DATE

12. OFFICERS AND DIRECTORS

1. NAME **D CHIULLI, VICTOR**
2. STREET ADDRESS **8870 NW 49TH DR**
3. CITY, STATE, ZIP **CORAL SPRINGS FL**
4. NAME **D CHIULLI, THERESA**
5. STREET ADDRESS **8870 NW 49TH DR**
6. CITY, STATE, ZIP **CORAL SPRINGS FL**
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a green cross.

SIGNATURE:

Victor Chiulli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96