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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	INUAL REPORT		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State		
L. Corporat			(9)						
CUTS	& STYLES FOR M	EN, INC.					T NOCHMAN DIO NOME LOGIN IDAAA ALAW DAL	BIGH BURN BURN ARRIN	DIDII DIĞIR IDDI
Principal Place of Business Mailing Address									
7350 N. LOCKWOOD RIDGE ROAD			7350 N. LOCKWOOD RIDGE ROAD						
SARASOTA FL 34243 US			SARASOTA FL 34243-4527 US						
							3. Date Incorporated or Qualified 09/10/1990	3a. Date of La 05/01/199	
ı	Place of Business		Mailing Address	***************************************		4 11 11	4. FEI Number		Applied For
Suite, Ap	ot #, etc	[26]	Suite, Apt. #, etc.	T			65-0217860	\$8.7	Not Applicable 75 Additional
22		27	City & State				Certificate of Status Desired	Fe	e Required
City & St. <b>23</b>	me	28	City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	f	have have here				Country 8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 3 9. Name and Address of Current Registered Agent					Florida Statutes  10, Name and Address of New			Yes No	
GIALLOMBARDO, VICKIE S					81	Name		- <del> </del>	
7350 N. LOCKWOOD RIDGE ROAD					82	Street Add	dress (P.O. Box Number is Not Accepta	ole)	
SARASOTA FL 34243					83			······································	<del></del>
					84	City		[85]	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida Such change was authorized agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida State.						anamad cor	royation submits this statement for the	FLII	•
office of	r registered agent, or bo Lancfamiliar with land a	oth, in the State of Florid coept the obligations of	da Such change was L Section 607.0505. Fi	authorized orida Stat	d by	the corpora	ation's board of directors. I hereby acce	pt the appointmen	it as registered
SIGNATURE							·		
12,		OFFICERS AND DIREC		E: Reg stered	d Age	int signature requ	Jred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	TORS IN 12
THEF	PD		DELETE	1.1 10	TLE			Cha	
NAME	GIALLOMBARDO,				1.2 NAME				
STREET ADURES	S 7350 N. LOCKWO	OOD RIDGE ROAD		,		ADDRESS			
GITY-ST ZIF	SD SARASUTA FL		DELETE	1.4 CI 2 1 TII		T-ZIP		☐ Cha	inge Addition
NAME	GIALLOMBARDO, VICKIE S				AME				
STREET ADDRESS		23 STREET ADDRESS							
CHTV - S1 - 7/P	SARASOTA FL		Libraro			ST-ZIP	·· <u>··························</u>		The same
NAME			DELETE	3.1 T/ 3.2 N/		Į		L Cha	inge 🔲 Addition
STREET ADDRESS	s					AODRESS			
C(1) - S* - 7IP						5T - ZIP	V 77.		
TITLE			DELETE	4.1 71				Cha	inge Addition
NAME.				4.2 N					•
STREET ADDRESS	5			4.3 ST 4.4 CI		ADDRESS T- ZIP			
TILE			DELETE	5.1 71		·	······································	Cha	nge Addition
NAME	1			5.2 N/	AME				
STREET ADDRESS	s [					ADDRESS			
C-TY-ST-2IF			DELETE	5.4 CI 6.1 TI		T-ZIP		☐ Cha	inge Addition
NAME			LJ OLLEG	6.2 NA		1		LI CIId	i.Ao □□ vonit()
STREET ADDRESS	s					ADDRESS			
Dity-\$1-7i6				64 DI		- 1			

14. I do 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.

AST CWarles V. Giallombardo 3-5-97 351-4636

BIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 27 1997 8:00am