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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

| OCUMENT # M09990 (6) A TOUCH OF CLASS BEAUTY SALON, INC. | | | | | | (1884081) IN OCH BURKE KONO JAKA JAKA BARK DIGA DIGU AKRI BARK DIGA DIGU | | | |
|--|--|--|--|--|--|--|---|---------------------------------------|--------------------------------------|
| cipal Place of Business Mailing Address | | | | | | | | | |
| ohn F. Vocell 1 ne 34th street 1t Lauderdale Fl 33308 | | % JOHN F. VOCELL 3304 NE 34TH STREET FORT LAUDERDALE FL 33308 | | | | | | | |
| CHOCKI | DALE LE GOOD | TONT ENGL | VENDALE 1 | 33300 | | Date Incorporated or Qualified 01/14/1985 | I | of Last F 4/27/19 | , |
| cipal Pluc | e of Business | 2a. Mailing A | ddress | | | 4. FEI Number 65-0073647 | | | Applied For Not Applicable |
| e, Apt.#, | etc. | Suite, Ap | t. #, etc. | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| & State | | City & Sta | ate | | | 6. Election Campaign Financing | | \$5.0 | 00 May Be |
| | Country | 28 | | Country | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution 8. This corporation has liability fo | | | ed to Fees 199.032, |
| | 25 | 29 | | 30 | | l | s No | | |
| | 9. Name and Address of Curre | ent Hegistered Age | nt | B1 | Name | 10. Name and Address of New | Hegistered | Agent | |
| | JOHN FRANCIS | | | 82 | | ess (P.O. Box Number is Not Accepta | able) | | |
| | DERAL HIGHWAY #316 D BEACH FL 33062 | | | 83 | | | | | |
| <i>5</i> 1011 7 4 10 | J DENOTT E GOODE | | | 84 | City | | | 85 2 | ip Code |
| | | | | 04 | 1 0.1, | | | | |
| registered miliar with | the provisions of Sections 607.050 diagent, or both, in the State of Flo , and accept the obligations of, Sec | 02 and 607.1508, Flo orida. Such change w oction 607.0505, Flori | orda Statute vas authorize ida Statutes. | s, the above-i | named coroo | ration submits this statement for the p rd of directors. I hereby accept the ap | FL urpose of cha pointment as | anging its registere | registered offind diagent. I am |
| registere: minar with JURE | d agent, or both, in the State of Ho , and accept the obligations of, Soc guidene typod or pilded name of registered age OFFICERS AL | orida, Such change worderion 607.0505, Flori ent and title it any imake. IND DIRECTORS | vas authorize ida Statutes. | s, the above- ed by the corp | named coroo | rd of directors. I hereby accept the ap | urpose of cha pointment as DATE FICERS AND | DIRECT | d agent. I am ORS IN 12 |
| registered | d agent, or both, in the State of Ho, and accept the obligations of, Sec guidane typist or printed han ellot registered age OFFICERS AI PST VOCELL, JOHN F. | orida, Such change wickion 607,0505, Flori ont and time it applicated | vas authorize ida Statutes. (NÖ) | s, the above-red by the corp E Registered Ager 13. 1 1 NILE 1.2 NAME | named corpor poration's boa | rd of directors. I hereby accept the ap | urpose of cha pointment as DATE FICERS AND | registere | d agent. I am ORS IN 12 |
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LA FULLY JOHN F. Vocell, Pars. 1-16-96 (984) 565-4869
Det OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Det OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: