

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M27472 (3)

1. Corporation Name

RO-BON HAIR & BEAUTY, INC. #1



Principal Place of Business

Mailing Address

C/O WILLIAM J. BOOTH
701 E. COMMERCIAL BLVD.
FT LAUDERDALE FL 33334
US

C/O WILLIAM J. BOOTH
701 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified

02/17/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 90 8745 NW 57th St

26 90 Howitt

4. FEI Number

59-2615609

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Commack FL

28 Mangrove FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33321 25 US

29 33065 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTH, WILLIAM J.
701 E COMMERCIAL BLVD
STE 100
FT LAUDERDALE FL 33334

81 Name

STUART HOWITT

82 Street Address (P.O. Box Number is Not Acceptable)

441 S. State Rd 7 #15

83

84

City Mangrove

FL

85 Zip Code

33065

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PALEOLOG, ROSE	
STREET ADDRESS	8205 NW 15TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAYNE, BONNIE	
STREET ADDRESS	20730 NW MIAMI,	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300001796253
-04/26/96--01054--019
***200.00

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(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 an address.

SIGNATURE: Rose Paleolog Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X-4-21-96 X-690

954-721-

CR2E034 (12/95)