

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

FILED  
Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000012714 (0)**

1. Corporation Name

**SILHOUETTE, TOTAL LOOK SALON, INC.**

Principal Place of Business  
**2247 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442**

Mailing Address  
**2247 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442-1106**

3. Date Incorporated or Qualified  
**03/01/1993**

3a. Date of Last Report  
**04/02/1996**

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

10. Name and Address of New Registered Agent

**KUGLER, WERNER R  
9285 S.W. 5TH STREET  
SUITE B  
BOCA RATON FL 33428**

81 Name **KUGLER, WERNER R.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5111 HERON COURT**

83

84 City

**COCONUT CREEK,**

**FL**

85 Zip Code  
**33073**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**FEB. 7, 1997**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE  
NAME **KUGLER, WERNER**  
STREET ADDRESS **9285B SW 5 STR**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **PT** ☒ Change ☐ Addition  
1.2 NAME **KUGLER, WERNER**  
1.3 STREET ADDRESS **5111 HERON COURT**  
1.4 CITY-ST-ZIP **COCONUT CREEK, FLORIDA 33073**

TITLE **VS** ☐ DELETE  
NAME **KUGLER, DEBRA L**  
STREET ADDRESS **9285B SW 5 STR**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **VS** ☒ Change ☐ Addition  
2.2 NAME **KUGLER, DEBRA L.**  
2.3 STREET ADDRESS **5111 HERON COURT**  
2.4 CITY-ST-ZIP **COCONUT CREEK, FLORIDA 33073**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

*[Signature]*

**FEB 7 1997 (954) 479-0367**

CR2E034 (9/96)