FLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90060 047 ***150.00

555130 - 90060 - 47

DOCL	JMENT	- #

1. Corporation Name

Silhouette, Total Look Salon, Inc.

Principal Place of Business 155 N. Powerline Road Deerfield Beach, Fl.

Mailing Address

5111 Heron Court

Coconut Creek, Fl.33073

DO N	OT V	VRITE	: IN T	HIS	SPACE

3. Date Incorporated or Qualifed

				04/01/93						
2. Principal Pl	Place of Business 2a. Mailing Address			4. FEI Number		Ap	plied For			
21 155 N.	55 N. Powerline Road 26 5111 Heron Court			65-0396652		No	t Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional			
22	N/A	27	N/A	5. Certificate of Status Desired	<u></u>	Fee Re	equired			
City & State		City & State		6. Election Campaign Financing	П	\$5.00	May Be			
23 Deerfield-Beern-Floride			-Florida	Trust Fund Contribution		Added 1	to Fees			
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intan	gible	i			
24 33442	25 USA	29 33073 3	o USA	Personal Property Tax.		Yes	□No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	Registered Aq	jent				
			81 Name							
Interness	R. Kugler		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)						
	r. rugier eran Caurt		Oli Coli / Ida/	Street Address (F.O. Dox Number is Not Acceptable)						
			83							
Coconut	Creek, Florida 33073		<u> </u>			25 7in (Op do			
			84 City		FL	85 Zip (Code			
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the	purpose of ch	anging its	registered			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	f Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accep	ot the appointr	nent as re	gistered			
agent. 1 ai		ans or, section to 70300 atorio	Statules.	5 -	5-99)				
SIGNATURE	Werner R. Kugler Signature, typed or printed name of registered agent	and title if applicable (NOTE: R)	egistered Agent signature require	d when reinstating)	DATE		Ì			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12			
TITLE	Pres., Trees.	☐ DELETE	1.1 TIPLE			Change	☐ Addition			
NAME	Werner R. Kugler		1.2 NAME							
			1.3 STREET ADDRESS							
STREET ADDRESS	SILI IEGI CALC		1.4 CITY-ST-ZIP							
CITY-ST-ZIP	Coconut Creek, Florida 3	33073	21 TITLE			Change	Addition			
TITLE	V.Pres., Sec.	<u></u>	2.2 NAME		•		_			
NAME	Debra L. Kugler									
STREET ADDRESS	5111 Heron Court		2 3 STREET ADDRESS							
CITY-ST-ZIP	- Coconut Creek, Florida 3	33073	2. 4 CITY- ST- ZIP 3.1 TITLE			Change	☐ Addition			
TITLE	- –		B †		L					
NAME .			3.2 NAME				ļ			
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP		Delete	3.4. CITY-ST-ZIP			Change	Addition			
TITLE		☐ DELETE	4.1 TITLE		(Cliange				
NAME I			4 2 NAME				i			
STREET ADDRESS			4.3 STREET ADDRESS				ļ			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			7 01				
TITLE		☐ DELETE	51 TITLE		Į	Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	61 TITLE		ĺ	_] Change	☐ Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS				\			
CITY-ST-ZIP			6.4 CITY-ST-ZIP							
14 boroby c	and if the at the information supplied with	this filing doce not qualify for the	a everytion stated in 9	Section 119 07(3)(i) Florida Statutes	Lfurther certify	that the i	nformation			

I 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that I am an officer or director of the corporation of 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, with all other like empowered.

President FFICER OR DIRECTOR