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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000048436

1. Corporation Name

PIZAZZ DI' SALON, INC.

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90094 037 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					*****		• • • • • • • • • • • • • • • • • • • •
1075 KANE ÇO	NCOURSE	1075 KANE CONCOURSE							
BAY HARBOUR	R ISLAND FL 33154	BAY HARBOUR ISLAND FL	33154			DO NOT WRITE I	N THIS SPACE		
							IN THIS SPACE		
	•					3. Date Incorporated or Qualifed			ì
		1.2				07/02/1993		A - 1 - 1 F	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	$\vdash$	Applied Fo	
21		26				<u>65-0455193</u>	20.7	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired	7	5 Addition	al
22		27						Required	
City & State	le	City & State	·		مرسيد . بر	6. Election Campaign Financing		<b>00</b> May Be	
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Coun	try .		8. This corporation owes the current		□No	
24	25		30			Personal Property Tax.	☐ Yes	Пио	
	9. Name and Address of Currer	nt Registered Agent	—+ <i>,</i>	81 Nai		10. Name and Address of New Regi	istered Agent		
נאים	NGELO, ANTOINETTE		'	81 Nai	TIE	•			
	61 NW 16 STREET		1	82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable	) .		•
	IBROKE PINES FL 33029								
PEM	IDNONE PINES FL 33029			B3					ļ
			-	84 Cit			85	Zip Code	
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11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-nan	ned corpo	pration submits this statement for the pur	pose of changing	j its register	red -
i office or r	recistered agent? or hoth "in the State	of Florida, Such change was au	thorized i	ov tne c	ned corpo orporation	pration submits this statement for the pur n's board of directors. I hereby accept th	pose of changing le appointment a	s registered	red 1
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: