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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90007 012 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069176

1. Corporation Name

CITY-ST-ZIP

CONTOUR'S HAIR CENTER, INC.

Principal Plac	ce of Business	Mailing Address					ETIL GOULT KOLIT ERI	III MAING ANALIA	811 18618 BIN 1681	
8148 W BROWARD BOULEVARD		8148 W BROWARD BOUL	8148 W BROWARD BOULEVARD					i		
PLANTATION I	FL 33324	PLANTATION FL 33324				20.1107				
						<u> </u>	WRITE IN TH	IS SPACE		7
						3. Date Incorporated or Qua 10/01/1993				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		1 1	Applied For	
21.		<u> </u>	26 Vialing Address			65-0457082			Applied For Not Applicable	-
Suite, Apt	. #. etc.	Suite, Apt. #, etc.				00 0401002	•		Additional	- 3
22	·	27				5. Certifcate of Status Desir	ed 🔲	*	Required	
City & Sta	ite ,	City & State				6. Election Campaign Finan	cina		0 May Be	
23		28				Trust Fund Contribution	og 🗀		d to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the	current vear I			
24	25	29	30			Personal Property Tax.		Des	□No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of N	ew Registere	d Agent		
				81 1	Name				•	
	IOFSKY, FANIT			82 5	Street Addre	ess (P.O. Box Number is Not Ac	contable)			┦
	2 W BROWARD BLVD			"	olicel Addre	ess (F.O. DOX Number is Not Ac	ceptable)			
PLA	NTATION FL 33324			83		1: 15. 41.	15 16 16 3.		10 14 (Co. 144)	
				84 (^ :	<u> </u>		0}}};_e,t;},;	In 18819 told And	4
				04	City		F	85 Zi	o Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the a	bove-n	amed corpo	oration submits this statement fo	r the purpose (of changing i	its registered	1
office or i	registered agent, or both, in the St	ate of Florida. Such change was digations of, Section 607,0505, Fl	authorized Iorida Stati	d by the utes.	e corporatioi	n's board of directors. I hereby	sccept the app	ointment as	registered	
SIGNATURE	•			-						
SIGNATURE	B1									
	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	Agent sig	gnature required	when reinstating) 1 1 2 7	DATE	ŕ	 	
12.	OFFICERS	AND DIRECTORS	E: Registered	Agent sig	gnature required	ADDITIONS/CHANGES TO				
12.	OFFICERS PSTD	<u> </u>			gnature required			AND DIRECT		
	PSTD PANOFSKY, FANIT	AND DIRECTORS	13.	TLE	gnature required	ADDITIONS/CHANGES TO				
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6.4 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 rupe 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 sympowered 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 any attachment with any address, with all other like empowered.