

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000082517 (2)

1. Corporation Name  
SCISSORS EDGE SALON, INC.

Principal Place of Business

3815 N US HWY #1  
UNIT 109  
COCOA FL 32926

Mailing Address

3815 N US HWY #1  
UNIT 109  
COCOA FL 32926-5947



3. Date Incorporated or Qualified  
11/22/1993

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

59-3212819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WADE, TRACY L  
4220 LEE HALL PL  
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name

Marcheterre, Jean A

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

4230 Seville Ave

83

84 City

Cocoa

FL

85 Zip Code

32926

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

Jean A. Marcheterre

P.D.T.

(NOTE: Registered Agent signature required when reinstating)

3-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	WADE, TRACY L	
STREET ADDRESS	4220 LEE HALL PL	
CITY-ST-ZIP	COCOA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MARCHETERRE, JEAN A	
STREET ADDRESS	4230 SEVILLE AVE	
CITY-ST-ZIP	COCOA 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Marcheterre	
1.3 STREET ADDRESS	4230 Seville Ave	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marcheterre, Mark	
2.3 STREET ADDRESS	4230 Seville Ave.	
2.4 CITY-ST-ZIP	Cocoa, FL 32926	
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		

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

Jean A. Marcheterre

Jean A. Marcheterre 3-25-97 639-1742

Date

Daytime Phone #

01022004

CR2E034 (9/96)