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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000001664 (9)**  
1. Corporation Name  
**DELILAH EPHRAIM BEAUTY SALON INC.**

Principal Place of Business: **1312 NW 6TH ST FT LAUDERDALE FL 33311**  
Mailing Address: **1312 NW 6TH ST FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **01/07/1994**  
3a. Date of Last Report  
4. FEI Number: **65-0057803**  
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  
**WATSON, DAVID  
2067 NW 8TH CT  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent  
81. Name: **SALLIE B TILLMAN**  
82. Street Address (P.O. Box Number is Not Acceptable): **2857 NW 8th COURT**  
83. **FT. LAUDERDALE, FL 3**  
84. City: **FT. LAUDERDALE** FL 85. Zip Code: **33311**

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 607.0506, Florida Statutes.

SIGNATURE: *Sallie B Watson Tillman*  
Signature typed or printed name of registered agent and the incorporator. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b)-1, 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 incorporator thereof 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: *Sallie B Tillman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR