

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023802 (9)

1. Corporation Name

D BEAUTY, INC.

Principal Place of Business

4190 S. UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

4190 S. UNIVERSITY DRIVE
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

2. Principal Place of Business

21. 3911 S.W. 47th Ave.

Suite, Apt. #, etc.

22. Suite 908-A

City & State

23. DAVIE, FLORIDA

Zip

24. 33314

Country

25. BROWARD

26. Mailing Address

26. 3911 S.W. 47th Ave.

Suite, Apt. #, etc.

27. Suite 908-A

City & State

28. DAVIE, FLORIDA

Zip

29. 33314

Country

30. BROWARD

4. FEI Number

65-0479252

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

CHOTOVINSKY, DANUSE
9743 N.W. 20TH STREET
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 Danuse CHOTOVINSKY

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

APR 28, 1995

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME CHOTOVINSKY, DANUSE
STREET ADDRESS 9743 N.W. 20TH STREET
CITY, ST, ZIP CORAL SPRINGS FL 33071

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Danuse Chotovinsky
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-28-95

(308) 792-8030

Date

Telephone Number