

**FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000027129 (3)**

1. Corporation Name

**BEAU MONDE HAIR SALON, INC.**



Principal Place of Business

Mailing Address

**165 WEKIVA SPRINGS ROAD  
SUITE 111  
LONGWOOD FL 32779**

**165 WEKIVA SPRINGS ROAD  
SUITE 111  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

3a. Date of Last Report

**04/04/1994**

**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

**59-3233441**

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

10. Name and Address of New Registered Agent

**RAINONE, LAWRENCE  
165 WEKIVA SPRINGS ROAD  
SUITE 111  
LONGWOOD FL 32779**

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 607.1506, 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

Signature (Typed or Printed Name of Registered Agent or Director)

Title (Registered Agent Signature Required When Resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1. TITLE  Change  Addition

**D  
RAINONE, LAWRENCE  
165 WEKIVA SPRINGS ROAD, SUITE 111  
LONGWOOD FL 32779**

2. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

Change  Addition

TITLE  DELETE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

Change  Addition

TITLE  DELETE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

Change  Addition

TITLE  DELETE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

Change  Addition

TITLE  DELETE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

Change  Addition

TITLE  DELETE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

TITLE  DELETE

64. CITY, ST, ZIP

**700001870717  
-06/21/96--01023--019  
\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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, employee or agent of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

*Lawrence P. Rainone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/96 (407) 862-9600**  
DATE OF THE FILING

CR2E034 (12/95)