

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000030019 (1)**

1. Corporation Name

M & R COSMETOLOGY SCHOOL, INC.



Principal Place of Business

**5086 RIVERSIDE DR.
ALLEDALE FL 32119**

Mailing Address

**5086 RIVERSIDE DR.
ALLEDALE FL 32119**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**NELSON, CAROLE
1523 UMBRELLA TREE DRIVE
EDGEWATER FL 32132**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

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

Sandra B. Morhart, Secretary of State

Date Registered Agent Signature Provided: 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
ROVELTO, BARRY A
5086 RIVERSIDE DRIVE
ALLEDALE FL 32127**

TITLE ☐ DELETE

**STD
MASCOLO, BRUNO
5814 BENT CREEK TRAIL
DALLAS TX 75252**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 119.07(3)(k), 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 this 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:

BARRY A ROVELTO 4-26-96 (904) 426-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E034 (12/95)