| | PROFIT PORATION JAL REPORT 1997 | | Sandra I Secreta | RTMENT OF STATE 3. Mortham iny of State CORPORATIONS | | 1997 8:00a ary of State |
|---|--|---|---|---|---|--|
| DOCU 1. Corporatio | MENT # P9400 Name CUNISEX BARBERSHOP e of Business H ST | Mailing Ac 4090 NW 1 | Idress | | | |
| | | | | | . 3. Date Incorporated or Qualified 06/03/1994 | 3a. Date of Last Report 01/24/1996 |
| 2. Principal Place of Business | | - F-1 * | 2e. Mailing Address | | 4. FEI Number | Applied For |
| Suite Apt. | #, etc. | 26 Suite, / | Apt. #, etc. | ii | 65-0252321 | Not Applicabl |
| 2 | | 27 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | e | City & 1 | Slate | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| <u>4</u> | 25 9. Name and Address of Cu | 29 urrent Registered A | gent | 30 | Florida Statutes | Yes No |
| | | | | 83 84 City | | FL 85 Zip Code |
| | to the provisions of Sections 607 egistered agont, or both, in the s m familiar with, and accept the c | 7.0502 and 607.1508 State of Florida Suct obligations of, Section | , Florida Statu i chango was n 607.0505, Fl | 84 City | rporation submits this statement for the ation's board of directors. I hereby acce | FL |
| SIGNATURE | Signature, typed or printed name of register | ed again and ble 4 applicab | | B4 City City tos, the above-named coi authorized by the corpora orida Statutes. It: flegistered Agent signature requ | uited when refusialing) | PL purpose of changing its registered opt the appointment as registered |
| | Signature, typed or printed name of register OFFICERS | | | B4 City tes, the above-named coi authorized by the corpora orida Statutes. | | PL purpose of changing its registered opt the appointment as registered |
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