FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085047

CAROL'S BEAUTY SALO N, INC.

Principal Place	a of business	Maining Address				}			
13026 STATE R	OAD	13026 STATE ROAD							
#80. SUITE G		#80. SUITE G			DO NOT WRITE IN THIS SPACE				
FT. MYERS FL	33905	FT. MYERS FL 33905						HIS SPACE	
			-		-	3. Date incorporated or Qu	ualifed	-	,
						11/17/1994			
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0529493			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.7	5 Additional
22	.,	27				5. Certificate of Status Des	ired 🗌	Fee	Required
City & State	<u> </u>	City & State				6. Election Campaign Fina	ncina	\$5.0	00 May Be
	-	⊢ ′				Trust Fund Contribution	- 11		ed to Fees
23	Oto	28 Zip	Cou	untry					
Zip	Country Zip		· ·			8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29	30	1		Personal Property Tax. 10. Name and Address of	New Bogiste		
	9. Name and Address of Current	Registered Agent		041	Nimo	10. Name and Address of	New Regist	neu Agent	
40.00	DIN ALDOI			81	Name				ļ
	PHY, CAROL			82 Street Addr		Idress (P.O. Box Number is Not Acceptable)			
	6 STATE ROAD	•							
#80,	, suite g			83	12		-		
FT. N	MYERS FL 33905						·		
		•		84	City			FL 85 Z	ip Code
		1.007.4500 Florid Death				eration submits this statement		,	its registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu f Florida, Such change was a	tes, tne a authorized	above- d by th	·nameo corp he corporatio	on's board of directors. I hereb	y accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orida Stat	tutes.				• •]
SIGNATURE									}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. {NOTI	E: Registered	d Agent s	signature require	d when reinstating)	DAT		
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered		signature require	d when reinstating) ADDITIONS/CHANGES		S AND DIREC	
					signature require				
12.	OFFICERS AND	DIRECTORS	13.	TILE	signature required			S AND DIREC	
12. -TITLE — NAME	OFFICERS AND OFFICERS AND MURPHY, CAROL S	DIRECTORS DELETE	13. 1.1 TI 1.2 N	ITLE IAME				S AND DIREC	
12TITLE	OFFICERS AND D MURPHY, CAROL S 13026 STATE ROAD 80, SUITE	DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	ITLE IAME STREET A	ADDRESS			S AND DIREC	
12TITLE— NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND -D MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905	D DIRECTORS DELETE	13. 1.1 TI 1.2 NJ 1.3 ST 1.4 CI	ITLE IAME STREET A	ADDRESS -ZIP		TO OFFICER	S AND DIREC	ge Addition
12TITLE	OFFICERS AND OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D	DIRECTORS DELETE	13. 1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI	ITLE IAME STREET A CITY-ST-	ADDRESS -ZIP			S AND DIREC	
12TITLE	OFFICERS AND OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D MURPHY, NORMAN	O DIRECTORS DELETE G	13. 1.1 TI 12 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ	ITLE IAME STREET A STY-ST- TILE	ADDRESS		TO OFFICER	S AND DIREC	ge Addition
12TITLE— NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D	O DIRECTORS DELETE G	13. 1.1 TI 12 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ	ITLE IAME STREET A STY-ST- TILE	ADDRESS -ZIP		TO OFFICER	S AND DIREC	ge Addition
12TITLE — NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D MURPHY, NORMAN	G DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI	ITLE IAME STREET A STY-ST- TILE	ADDRESS		TO OFFICER	S AND DIREC	ge Addition
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12TITLE	OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D MURPHY, NORMAN 13026 STATE ROAD 80, SUITE	O DIRECTORS DELETE G DELETE	13. 1.1 TI 12 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S 3.4 C 4.1 TI	ITLE ITME STREET A ITME STREET A CITY-ST- ITME STREET A CITY-ST- ITME STREET A CITY-ST- ITME	ADDRESS -ZIP		TO OFFICER	S AND DIREC	ge Addition
12. -TITLE	OFFICERS AND MURPHY, CAROL S 13026 STATE ROAD 80, SUITE FT. MYERS FL 33905 D MURPHY, NORMAN 13026 STATE ROAD 80, SUITE	O DIRECTORS DELETE G DELETE G	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 S' 3.4 C 4.1 TT 4.2 NV	ITLE IAME STREET A CITY-ST- ITLE IAME STREET A CITY-ST- ITLE IAME STREET A CITY-ST- ITLE	ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP		TO OFFICER	S AND DIREC	ge Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 manged, or on an attachment with an address, with all other like empowered.

President 4-1-99

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90073 029 ***150.00