04-09-1999 90051 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

C	OCUMENT #	P94000085399
1	Corporation Name	1 0 100000000

VENTURA SALON, INC.

Princip	al Place	of Bu	isiness

Mailing Address

6202 N FEDERAL HAVY

FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					DO NOT WRITE IN THIS SPACE			
	~			 :	٠ جـ ،	3. Date Incorporated or Qualifed 11/21/1994		
<u> </u>	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0536223 Not Applicable		
Suite, Apt. 1	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zíp 24	Country	Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre		130			10. Name and Address of New Registered Agent		
·	9. Name and Address of Curre	arr Kedistered Adem	 -	81 Name				
FERRI, THOMAS E 901 SE 10TH CT POMPANO BCH FL 33060			"	realite				
			~	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						culred when reinstation) DATE		
	Signature, typed or printed name of registered ag				t signature re	delige the transfer of the tra		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition		
TITLE	DPT	☐ DELET	TE 1	1.1 TITLE	ł	Change Addition		

VENTURA. CYNTHIA L NAME 901 SE 10TH CT 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL 33060 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE DVS TITLE FERRI, THOMAS E 22 NAME NAME 901 SE 10TH CT 2.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL 33060 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY-ST-Z/P CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with applications, with all other like empowered.

SIGNATURE:

CR2E034.(11/98)