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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500003818 (8)

DIS-CUTS FAMILY SALON ONE, INC.  Principal Place of Business  3831 W. VINE STREET  KISSIMMEE FL 34741  KISSIMMEE FL 34741  Mailing Address  3831 W. VINE STREET  KISSIMMEE FL 34741  KISSIMMEE FL 34741				. ,				
					3. Date Incorporated or Qualified 01/17/1995	3a. Date 06/11	of Last Re	aport
Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	1 00/11/	~- <del></del>	plied For
		26			59-3289806		No	t Applicable
Suite Apt.#,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$ <b>8.75</b> A	
City & State		City & State		<del></del>	6. Election Campaign Financing		\$5.00	<del></del>
L		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	<del> </del> 1	⊔ntry	8. This corporation has liability for			199.032,
Ĺ	9. Name and Address of Cu	29	30	1	Florida Statutes  10. Name and Address of New R	Yes 🗀		<del>.,</del>
VUAI.		ittent Veðisteren wåent		81 Name	ty. Name and Address of New H	anistated wh	MITTER.	
	il, jabree Ellery lane				1			
KISSIMMEE FL 34741			82 Street Add		dress (P.O. Box Number is Not Accepta	able)		
				83				
				84 City	+ 1 MARIE	FL	85 Zip (	Code
. Pursuant to	the provisions of Sections 607	0000 d 007 4000 Fts-id- 0		<u> </u>	specific authorite this statement for the	T ten	tanging it	s registered
		JUDUZ and bur 1506, Florida 5	tatutes, the a	bove-named co	rporation submits this statement for the	purpose of cr	DOUGHTS IN	
office of req	gistered agent, or both, in the S	ubuz and 607, 1508, Fiorida 5 State of Florida. Such change v Spligations of Section 607,050	tatutes, the a vas authorize 5. Florida Sta	bove-named con d by the corpora dutes	ation's board of directors. I hereby acc	ept the appoir	itment as	registered
ICENIATI IDE	_X/~ _ (	State of Florida. Such change vobligations of, Section 607.050	tatutes, the a was authorize 5, Florida Sta	above-named cored by the corporatutes.	rporation submits this statement for the ation's board of directors. I hereby according to the statement of the statement for the ation's board of directors.	ept the appoir	itment as	registered
ICENIATI IDE	gistored agent, or both, in the S familiar with, and accept the o	ind agent and title if applicable	(NOTE: Registere	above-named control by the corporal tutes.  O  d Agent signature requires	uired when reinstating)	pnil I	8 /	797
IGNATURE Ši	dg-ature: typed or proted name of registers OFFICERS	and agent and tille if applicable	(NOTE: Registere	O ed Agent signature req	ured when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	RECTOR	797 S IN 12
GNATURE Š	ng sature typed or profed name of registers OFFICERS	nd agent and title if applicable	(NOTE: Registere 13.	O ed Agent signature requ	uired when reinstating)	DATE ICERS AND D	8 /	797
GNATURE SI	dg sature Typical or priviled name of registers OFFICERS D KHALIL, JABREE	and agent and tille if applicable	(NOTE: Registere 13. 1.1 T	O Agent signature requ ITLE	uired when reinstating)	DATE ICERS AND D	RECTOR	797 S IN 12
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SIGNATURE:

SIGNATURE PEOUPED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apon/ 18 97 (407) 8765552

**FILED** 

Apr 25 1997 8:00am

Secretary of State