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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000036497 (2)** 

1. Corporation Name	( 00000000 (0) ()
SNIP N' CURL, INC.	4
	•
Principal Place of Business	Mailing Address

**FILED** Apr 28 1997 8:00am Secretary of State

1. Corporation Name SNIP N' CURL, INC.  Principal Place of Business Mailing Address 4081 NW 16 ST LAUDERHILL FL 33313 LAUDERHILL FL 33313-5809									
					3. Date Incorporated or Qualified 05/05/1995	3a. Date of 05/01/		port	
2. Principal Place of Business		28. Mailing Addre	ISS		4. FEI Number 08-9502532			olied For	
21 Suite, Apt	#, etc	26 Suite, Apt. #,	etc.			\$		Applicable dditional	
22		27			Certificate of Status Desired		Fee Rec	quired	
City & Stat	to	City & State			Election Campaign Financing     Trust Fund Contribution	<b>\$</b>	\$5.00 t Added to	May Be	
<b>23</b>	Country	<b>28</b>		Country	This corporation has liability for				
24	25	29	30		Florida Statutes	Yes N	ο	700.0021	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New R	egistered Ager	nt		
	CALLA, MICHAEL A			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	31 NW 16 ST JDERHILL FL 33313			82 Street Ad	dress (P.O. Box Number is Not Accepta	able)			
L/K	ADEM NOT LE GOOTO			83			***************************************		
				84 City		B:	5 Zip C	'nda	
				1 1 1		- F ( !			
off-ce or	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida, Such chang	a Statutes, the	e above named co rized by the corpor	orporation submits this statement for the ation's board of directors. I hereby according	purpose of cha ept the appointr	inging its ment <b>as</b> r	registered registered	
	am familiar with, and accept the obli	gations of, Section 607.0	1505, Florida	Statutes.		4 71-6	91		
SIGNATURE	Signature, typied or printed name of registered a	gent and title if applicable	(NOTE: Flegis	stered Agent signature rec	gulred wher: reinstating)	DATE	1/		
12.	OFFICERS AI	ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	いしたから マメリン しじは	RECTORS	3 IN 12	
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	4081 NW 16 ST LAUDERHILL FL 33313		1	I 2 NAME	ADDITION OF PARTIES TO OFF		Change	Addition	
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I do 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 withyan address.

SIGNATURE:

4-21-97 (464) 486-8183