

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000067067 (5)

1. Corporation Name

VIRDELL BEAUTY SALON, INC.



Principal Place of Business

2120 MEDOWLANE AVE  
WEST MELBOURNE FL 32904

Mailing Address

2120 MEDOWLANE AVE  
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified  
08/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2120 MEDOWLANE AVE 26 2120 MEDOWLANE AVE

4. FEI Number

99-3339588

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 WEST MELBOURNE FL 28 WEST MELBOURNE FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32904 BREVARD 32904 BREVARD

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBY, DAVID H  
1581 ROBERT J CONLAN BLVD NE  
SUITE 100  
PALM BAY FL 32905

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME NARCISSE, LYNDELL E  
STREET ADDRESS 1293 LINMOOR CIRCLE, NE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE VSD  
NAME NARCISSE, NORVAL I  
STREET ADDRESS 1293 LINMOOR CIRCLE, NE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE: L. E. Narcisse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

Daytime Phone #

CR2E034 (12/95)