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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000067067 (5)

VIRDELL BEAUTY SALON, INC.

Princi	ipal F	1800	ot I	Bus	iness	
2120 h	ÆDO	WLAN	E /	AVE		
WEST	MEL	BOUR	NE	FL	32904	

Mailing Address

2120 MEDOWLANE AVE WEST MELBOURNE FL \$2904-4952

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



22. Principal Place of Business 24. Mailing Address 25. Suite, Apt #, etc. 26. Suite, Apt #, etc. 27. City & State 28. City & State 29. Country 29. Country 21. Zip 29. Suite, Apt #, etc. 29. Country 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of Name  JACOBY, DAVID H  1581 ROBERT J CONLAN BLVD NE SUITE 100 PALM BAY FL 32905 29. Mailing Address Suite, Apt #, etc. 50. Certificate of Status Desired 61. Trust Fund Contribution 62. Trust Fund Contribution 63. This corporation has liability 64. FEI Number 65. Certificate of Status Desired 65. Certificate of Status Desired 66. Election Campaign Financia 67. Trust Fund Contribution 67. Trust Fund Contribution 68. This corporation has liability 69. Name and Address of New Addr	ing \$5.00 May Be Added to Fees  Ty for intangible tax under s. 199.032.  Yes No  W Registered Agent
Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt #, etc.  6. Election Campaign Financia Trust Fund Contribution  Trust Fund Contribution  Florida Statutes  9. Name and Address of Current Registered Agent  JACOBY, DAVID H  1581 ROBERT J CONLAN BLVD NE  SUITE 100  PALM BAY FL 32905  Suite, Apt #, etc.  6. Election Campaign Financia Trust Fund Contribution  Trust Fund Contribution  10. Name and Address of New Manual Address of New Man	sb.75 Additional Fee Required  ing \$5.00 May Be Added to Fees ly for intangible tax under s. 199.032.  Yes No  W Registered Agent
22 City & State Trust Fund Contribution Trust Fund Contribution Registered City & State City & S	Fee Required  ing \$5.00 May Be Added to Fees  ly for intangible tax under s. 199.032.  Yes No  W Registered Agent
City & State  Country  Country  Country  Zip  Country  Zip  Country  Storida Statutes  Florida Statutes  Florida Statutes  Florida Statutes  Florida Statutes  Name  ACOBY, DAVID H  1581 ROBERT J CONLAN BLVD NE  SUITE 100  PALM BAY FL 32905  6. Election Campaign Financic  Trust Fund Contribution  8. This corporation has liability Florida Statutes  Florida Statutes  Name  Street Address (P.O. Box Number is Not Access to the Access to	Added to Fees  y for intangible tax under s. 199.032.  Yes No  W Registered Agent
Zip Country Zip Country 8. This corporation has liability Florida Statutes  9. Name and Address of Current Registered Agent  JACOBY, DAVID H  1581 ROBERT J CONLAN BLYD NE SUITE 100 PALM BAY FL 32905  R. This corporation has liability Florida Statutes  10. Name and Address of New 11. Name and Address of New 12. Street Address (P.O. Box Number is Not Account to the control of the company of the control of the	ly for intangible tax under s. 199.032.  Yes No Registered Agent
25 29 30 Florida Statutes  9. Name and Address of Current Registered Agent  JACOBY, DAVID H  1581 ROBERT J CONLAN BLVD NE SUITE 100 PALM BAY FL 32905  29 30 Florida Statutes  10. Name and Address of Ner  1581 ROBERT J CONLAN BLVD NE  82. Street Address (P.O. Box Number is Not Access to the Nere and Address of Ner  10. Name and Addres	Yes No
9. Name and Address of Current Registered Agent  JACOBY, DAVID H  1581 ROBERT J CONLAN BLVD NE  SUITE 100  PALM BAY FL 32905  10. Name and Address of New Name  81 Name  82 Street Address (P.O. Box Number is Not Access to the Note of New Name Name Note of New Number is Not Access to the Name Name Name Name Name Name Name Nam	
1581 ROBERT J CONLAN BLVD NE SUITE 100 PALM BAY FL 32905  82 Street Address (P.O. Box Number is Not Acce	
1581 ROBERT J CONLAN BLVD NE SUITE 100 PALM BAY FL 32905  82 Street Address (P.O. Box Number is Not Access 83	
SUITE 100 PALM BAY FL 32905  83	
PALM BAY FL 32905 83	epianie)
I 841 City	·····
-   -   -   -   -   -   -   -   -   -	FL 85 Zip Code
ofrice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stignature, typicator product name of registered agent and talle it applicable. (NOTE: Registered Agent signature required when renstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
THE PID DELETE 1.1 TITLE	☐ Change ☐ Addition
HAME NARCISSE, LYNDELL E 12 NAME	
STREET ADDRESS 1293 LINMOOR CIRCLE, NE 1.3 STREET ADDRESS .	
CHY-ST-ZIP PALM BAY FL 32907 1.4 CHY-ST-ZIP	
TILLE VSD DELETE 21 TITLE	☐ Change ☐ Addition
NAME NARCISSE, NORVAL I 22 NAME	
STREET ADDRESS 1293 LINMOOR CIRCLE, NE 2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32907 2.4 CITY-ST-ZIP	
THE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS :	
CHY ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
THE DELETE 5.1 TILE	Change Addition
NAME 5.2 NAME	v <sup>*</sup>
STREET ADDRESS 5.3 STREET ADDRESS	
CHY-S1-ZIP 54 CHY-ST-ZIP	
THLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STAFET ADDRESS 6.3 STREET ADDRESS	
City-S*-ZiP 6.4 City-S*-ZiP	

i. Los 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 an address.

SIGNATURE

INATURE AND TYPED OR PRINTED NAME OF BISHING OFFICER ON DIRECTO

4-81- 97

Daytime Phone #