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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000076017 (9)**

1. Corporation Name
KELLY VAN GOGH COLOUR SPA & SALON, INC.

Principal Place of Business	Mailing Address
846 LINCOLN RD. 3RD FLOOR MIAMI BEACH FL 33132 US	KUG CORPORATE OFFICE 1040 PEBBLE BEACH CIR. W. WINTER SPRINGS FL 32708-4210 US

2. Principal Place of Business 21 846 LINCOLN ROAD	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/03/1995	3a. Date of Last Report 06/14/1996
Suite, Apt. #, etc. 22 3RD FLOOR	Suite, Apt. #, etc. 27	4. FEI Number 65-0611220	☐ Applied For ☐ Not Applicable
City & State 23 MIAMI BEACH, FL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33139 / 25 DADE	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		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
CONNIE L. SARNER 1040 PEBBLE BEACH CIRCLE, WEST MIAMI CENTER, SUITE 900 WINTER SPRINGS FL 33131	81 Name: CONNIE L. SARNER 82 Street Address (P.O. Box Number is Not Acceptable): 1040 PEBBLE BEACH CIRCLE, WEST 83 84 City: WINTER SPRINGS FL 85 Zip Code: 32708

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/V/T/S/D/C/M ☐ Change ☐ Addition
NAME	SARNER, KELLY	1.2 NAME	SARNER, KELLY
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 336	1.3 STREET ADDRESS	1040 PEBBLE BEACH CIRCLE, WEST
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 with an address.

SIGNATURE: [signature] KELLY SARNER 4/23/97 305/538-7661