

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **P95000088274 (2)**

1. Corporation Name

ANGEL HAIR SALON, INC.

Principal Place of Business

**110 ROYAL PINE CIRCLE N
ROYAL PALM BEACH FL 33411**

Mailing Address

**110 ROYAL PINE CIRCLE N
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**CAMARGO, RAUL JR
110 ROYAL PINE CIRCLE N
ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

INITIAL

4. FEI Number

65- APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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

10. Name and Address of New Registered Agent

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 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

NAME

Street Address

City, State, Zip

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, STATE, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

686-1882

CR2E034 (12/95)