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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022795 (4)

KLIPPERS & KURLERS UNISEX SALON, INC.

FILED Mar 26 1998 8:00am Secretary of State



						_			
Principal Place of Business Mailing Address							., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2328 DIXIE HIGHWAY 2328 DIXIE HIGHWAY									
HOLLYWOOD FL 33020-2020		HOLLYWOOD FL 33020-2020				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						03/13/1996			
2. Principal Pi	ace of Business	2a. Mailing Address	· · · · · ·			4. FEI Number	Ap	plied For	
21		26				65-0659037		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	8.75	Additional	
22		27				6. Certificate of Status Desired	Fee Re	quired	
City & State	9	City & State			•	6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cour	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the current	year Int	angible	
24	25	29	30			Personal Property Tax due June 30.] No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	nt		
	NRY, SONIA		[81	Name				
210	D SW 20TH AVE		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
FT	LAUDERALE FL 33312		L						
			i	83					
			-	84	City	F** 6	5 Zip (Code	
				Ш.		FL °			
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 Stoneture, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.	. 1207	i ognatore regione	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12	
TITLE	DPT	DELETE	1.1 111	LE			Change	Addition	
NAME	HENRY, SONIA		1.2 NA	ME					
STREET ADDRESS	210 S.W. 20TH AVENUE		1.3 STREET ADDRESS					l	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			Y-ST	- ZIP				
TITLE	VPDS DELETE			LE			Change	Addition	
NAME	Martin, Sandra		2.2 NA	2.2 NAME					
STREET ADDRESS	226 S.W. 6TH STREET		2.3 STF	REET A	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	<u>}</u>	2. 4 CITY-ST-ZIP		r- <i>Z</i> iP			i	
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET A	address			1	
CITY-ST-ZIP			3.4. CIT	TY - ST	r- ZIP			1	
TITLE		☐ DELETE	4.1 TITI	_			Change	Addition	
NAME			4. 2 NA	ME				į	
STREET ADDRESS			4.3 STF	HEET A	ADDRESS			Ţ	
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5.1 TITI	LE			Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET A	address				
CITY-ST-ZIP			5.4 CIT	Y-\$T	- ZIP				
TITLE		DELETE	6.1 TITI				Change	☐ Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			4		address				
CITY-ST-ZIP			6.4 CIT						
	sertify that the information supplied will	h this filing does not qualify fo				Section 119.07(3)(i), Florida Statutes, I further certify	that the	information	

4. I 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.

NATURE: 3-18-98 934 D3-516

CR2E034 (10/97