## 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 # P96000022935 (6)

HAIR BY CHRIS & TONY, INC.

Principal Place of Business APAR TOURNALINE BUUR

Mailing Address

DESCRIPTION AND DESCRIPTION

## **FILED** Jan 21 1997 8:00am Secretary of State



BOYNTON BEA		BOYNTON BEACH FL 33437-2418				
					3. Date Incorporated or Qualified 03/14/1996	3a, Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			▲ FELNumber	Applied For
21 2130		26		3	65-067430	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.	·····	······································	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>10</sub> _	Country	Zip	Countr	v	This corporation has liability for	
24 334	33 25	29	30	•		Yes No
1	g. Name and Address of Current		1921	71111-11-1	10. Name and Address of New R	
LEE	C. SUMMERS, P.A.		81	Name		
2300 GLADES ROAD				Diverse And di	Hoop (FLO Roy Alymphor in Not Appendicts)	
SUITE 460 WEST				Street Addr	ess (P.O. Box Number is Not Accepta	DIO)
BOCA RATON FL 33431				<b>5</b>		
l			84	City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the above	L /e-named.com	poration submits this statement for the	
office or r	egistered agent, or both, in the State of	of Florida, Such change was a	authorized b	y the corporat	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as registered
agent i a	m lamiliar with, and accept the obligat	ions of, Section 607.0303, Fit	JINGA SIAIUR	;S.		•
SIGNATURE	Signature typed or ponted name of registered agen	I must billion's several could be a MACAT	E: Receptored A	inner av lennia tner	rad when reinstating)	DATE
12.	OFFICERS AND		13.	gent algentes to requi	ADDITIONS/CHANGES TO OFFI	
TITLE	1 D	DELETE	1.1 TITLE		7.00110110/01/7.1020 10 0111	Change Addition
NAME	MANNINO, CHRIS		1.2 NAME			•
	8518 TOURMALINE BOULEVAR	n		T ADDRESS		
STREET ADDRESS	BOYNTON BEACH FL 33437		1	ì		
CITY - ST - ZIP	D DOTTON BEACTIFE 60407	DELETE	1.4 CITY - 2.1 TITLE			Change Addition
TITLE	MANNINO, TONY	La perese				C Change C 1.00mon
NAME		'n	22 NAME	1		
STREET ADDRESS	8518 TOURMALINE BOULEVAR	U	2.3 STREE	T ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH FL 33437		2. 4 CITY			
TITLE		DETELE	3.1 TITLE	- [		Change Addition
NAME			3.2 NAME			l de la companya de
STREET ADDRESS			3.3 STRE	ET ADDRESS		l de la companya de
CITY - ST - ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY - ST - ZIP			4.4 CITY	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI			
STREET ADDRESS				ET ADORESS		
			5.4 CITY			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	6.1 TITLE			Change Addition
Ĭ.		La peccie		-		
NAME			6.2 NAM			
STREET ADDRESS	Į			ET ADDRESS		
CITY - ST - ZIP			6.4 CITY	-ST-ZIP )		

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.