

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **P96000025900**
1. Corporation Name
The Carr Parlor Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified March 18, 1996		3a. Date of Last Report N/A	
21. 201-B S. W 5TH ST		26. 201-B S W 5TH ST		4. FEI Number 65-0660658		Applied For ☐ Not Applicable	
22. Pompano Beach FL		27. Pompano Beach FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. 33060-7905		28. 33060-7905		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. 33060-7905		29. 33060-7905		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent Eugene Petilli 4261 NE 11TH Terrace Pompano Beach, FL 33064				10. Name and Address of New Registered Agent Eugene Petilli 4261 NE 11TH Terrace Pompano Beach FL 33064			
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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 **4/29/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY-ST-ZIP
	President Eugene Petilli	4261 NE 11TH Terrace	Pompano Beach, FL 33064		President Eugene Petilli	4261 NE 11TH Terrace	Pompano Beach, FL 33064
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.1 NAME	2.1 STREET ADDRESS	2.1 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.1 NAME	3.1 STREET ADDRESS	3.1 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.1 NAME	4.1 STREET ADDRESS	4.1 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.1 NAME	5.1 STREET ADDRESS	5.1 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.1 NAME	6.1 STREET ADDRESS	6.1 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE DATE **4/29/97** DAYTIME PHONE # **954-943-2998**

CR2E034 (9/96)