

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

1997-1998 AR

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98 FEB 20 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048908**  
1. Corporation Name  
**PERSONAL TOUCH SALON, INC.**

Principal Place of Business Mailing Address  
**1266 ABBEY CRESCENT LANE  
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/01/96**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-3400439</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JIM VENETOS  
1266 ABBEY CRESCENT LANE  
CLEARWATER, FL 33759**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature (typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>JIM VENETOS, PRES/SEC</b>	1.1 TITLE	<b>800002439368--0</b>
NAME	<b>1266 ABBEY CRESCENT LANE</b>	1.2 NAME	<b>-02/24/98--01074--001</b>
STREET ADDRESS	<b>CLEARWATER, FL 33759</b>	1.3 STREET ADDRESS	<b>****175.00 ****175.00</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>KELLY VENETOS, V. PRES</b>	2.1 TITLE	<b>800002439368--0</b>
NAME	<b>1266 ABBEY CRESCENT LANE</b>	2.2 NAME	<b>-02/24/98--01074--002</b>
STREET ADDRESS	<b>CLEARWATER, FL 33759</b>	2.3 STREET ADDRESS	<b>****140.00 ****140.00</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: **X Jim Venetos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

(2)

I am enclosing 1997 Filing fee  
I did not receive any notice and I  
called the Dept of annual Reports to receive  
the application. If you have any  
question please call at 813-723-1179

Thank You

Jim Venetos

Personal Touch Salon Inc  
Jim Venetos Pres  
3665 E Bay Dr Suite 204-171  
Largo FL 33771