CORPORATION ANNUAL REPORT:



## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS en 🔁

## FILED Jun 02, 2000 8:00 am Secretary of State

06-02-2000 90009 001 \*\*\*150.00

OCUMENT # P96000054752/

SUSAN'S SALON OF LEE COUNTY, INC.

cipal Place COUNTRY	CLUB i	Mailing Address 3402 COUNTRY CLUB CAPE CORAL FL 33904	······································					
Office 12 30004			· -		DO NOT WRITE IN THIS SPACE			
	;				3. Date Incorporated or Qualifed 06/26/1996	•		
Dainging Pla	ace of Business i	2a. Mailing Address			4. FEI Number		Apr	olied For :
Principal Fie	LE Of Dusiness	26			65-0679736	,	Not	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Rec	
City & State	<u>_</u>	City & State			6. Election Campaign Financing	.[-]	\$5.00	
		28			Trust Fund Contribution	···	Added to	Fees
Zip .	Country	Zip 29 3	Coun	ry	This corporation owes the curre     Personal Property Tax.	nt year Inta		□No
	9. Name and Address of Cu				10. Name and Address of New Re	gistered A	gelu	
			1	1 Name				
SUS	- James - Jame		- 1	2 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	<del></del>	
3402	,	[	Oli Cott Noo	1,				
CAPE	CORAL FL 33904		1	3	1.			
	į			l4 City .		FL	85 Zip C	ode
office or re agent. I ar		ate of Florida. Such change was all pligations of, Section 607.0505, Florid	a Statut ان دی ورد		oration submits this statement for the pon's board of directors. I hereby accept when reinstating)	DATE		
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		Addition
ıE	P CHICANI CORDE	☐ DELETE	1.1 1111.	•	•		Change	LT Addition
ME }	SUSAN CORRE	A	1.2 NAA	E	·			
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Y-ST-ZIP	CAPE CORAL FL 33904		_	-ST-ZIP			☐] Change	Addition
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	-	•	52 NA	AE , . ]	7 377			

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 angual 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 officer or director Block 12 or Block or on an attachment with an address, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

EUSI" DELETE

Change

Addition