

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90123 039 \*\*\*150.00

DOCUMENT # P96000055771

1. Corporation Name

ANITA'S SALON &amp; SPA, INC.



Principal Place of Business

940 FIFTH AVE. NORTH  
NAPLES FL 34102  
US

Mailing Address

940 FIFTH AVE. NORTH  
NAPLES FL 34102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

65-0689037

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

VOLPE, MICHAEL J  
THE NORTHERN TRUST BANK BLDG.  
4001 N. TAMiami TRAIL, STE. 330  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name ANA S Fradenburgh

82 Street Address (P.O. Box Number is Not Acceptable)

83 940 5th Avenue North

84 Naples FL

FL 85 Zip Code 34102

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

*[Signature]*  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agents signing is required when re-registering)

DATE

4-21-99

12. OFFICERS AND DIRECTORS

11 TITLE PSTD ☐ DELETE

12 NAME FRADENBURGH, ANA S

13 STREET ADDRESS 940 FIFTH AVE. NORTH

14 CITY-ST-ZIP NAPLES FL 33940

15 TITLE ☐ DELETE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ DELETE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ DELETE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ DELETE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ DELETE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ DELETE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 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)(a), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-1999 944964333

CR2E034 (1/96)