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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 23 1997 8:00am Secretary of State

1997

DOCUMENT # **P96000059503** (8)

FAMILY HAIRCUTTERS OF BREVARD, INC.

Principal Place	e of Business	Mating Address	****					
2950 N. TROPICAL TRAIL MERRITT ISLAND FL 32953		2850 N. TROPICAL TRA	2850 N. TROPICAL TRAIL MERRITT ISLAND FL 32853-8212					
					3. Date Incorporated or Qualified 07/15/1996	3a. Date	of Last R	eport
r- ** 1	lace of Bus ness	2a. Mailing Address			4. FEI Number			oplied For
Suite: Apt	Harrier	Suite, Apt #, etc			59-339430			t Applicable
22	т ОО.	27			5. Certificate of Status Desired		ر ورون Fee Re	Additional equired
City & State	2	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
2 p	Country	Zip	Country 30	у	8. This corporation has liability for Florida Statutes	intangible ta 🔏 Yes 🔲		. 199.032,
24	25 9. Name and Address of Curr	29] rent Registered Agent	30		10. Name and Address of New Ro			
CHA	RROUX, VALERIE D		81	Name		<u> </u>		··· ··· · · · · · · · · · · · · · · ·
	N. TROPICAL TRAIL		82 Street Add		ress (P.O. Box Number is Not Accepta	nla)		
MER	RITT ISLAND FL 32953				- TOUS (1.0. DOX THATHEST IS THOUTHOUGHT	·····		
			83	•				
			84	City		F-1	85 Zip	Code
55 Daggard	nino nimbono et Caldan covo	1 00 and 002 1000 The No Cha	hales the sheet		poration submits this statement for the tion's board of directors. I hereby acce	<u>FL</u>		
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F101 p				rben arrienda inal	red when reinstating)	DATE		
12.	OFFICERS A	NO DIRECTORS	13.	jeni signasure redji	red when reinstaling) ADDITIONS/CHANGES TO OFFI	CERS AND D		
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7 II F	<b>D</b>	NO DIRECTORS	13. 1.1 TULF 1.2 NAME 1.3 STREE	T ADDRESS		CERS AND D		
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The hearby certify matrix information supplies with his lining closes not quality for the exemption stated in Section 19.07(3)(i), Florida Statiutes, Trunner certify that the information adjusted on this arrival report is usually 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 Brack 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tolerie Shawry 1/1

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