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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90056 038 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000088059**1. Corporation Name

STREET ADORESS

SIGNATURE

CONTEMPORARY SALON CABINETRE'S, INC.

	•				•						
Principal Plac	ce of Business	Mailing A	ddress				(WILLS 1811 1881
5555 SOUTHPI	NE AVE	5555 SQU	THPINE AVE							-	
SUITE 11		SUITE 11				į	20.00				
OCALA FL 344	180	OCALA FL US	. 34480						IN THIS SPA	ACE	
US		US					Date Incorporated or Q	ualited			
ļ <u> </u>							10/24/1996			.	
····	Place of Business	2a. Mailin	g Address				FEI Number			\rightarrow	plied For
21		26					59-3386093				t Applicable
Suite, Apt.	. #, etc.	<u> </u>	Apt. #, etc.			5.	Certificate of Status De	sired [┐ \$		dditional
22		27			•					Fee Re	quired
City & State		City &	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution	1		Added t	o Fees
Zip	. Country	Zip		Country	y	8.	This corporation owes	the current			_
24	25	29		30			Personal Property Tax.				□No
	9. Name and Address of Curre					10.	Name and Address of	New Regi	istered Age	nt	
ADD	ACE CONCINCE!		37.0	81	Name						
COMMAN	LOFF, CONSTANCE L COUNTRY CIRCLE DRIVE WES			82	Street Adr	dress (P.	O. Box Number is Not	Acceptable).		
		Here and there's		"		a. 555 (r .	· / 11 % - 4 7 * * * * * *		entracted to the		postar egyi
, DAY	TONA BEACH FL 32124			83		,			排列數圖		
				84			1 64 Carba (44 80)	971134	uni 56 (8) (6) 8)	1211 73121	821 (#1) (#0)
18				84	City				FI 8	5 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	8. Florida Stat	utes, the abov	e-named cor	rporation	submits this statement	for the pur	pose of char	nging its	registered
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607 1508 e of Florida. Sucl	8, Florida Stat	utes, the abov	re-named cor the corporat	rporation tion's boa	submits this statement ard of directors. I hereb	for the pur y accept th	pose of char e appointme	nging its ent as reg	registered gistered
11. Pursuant office or r OGRagent 1'a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508 e of Florida. Suc pations of, Section	8, Florida Stat h change was n 607.0505, F	utes, the abov authorized by lorida Statutes	re-named cor the corporat s.	rporation tion's boa	submits this statement ard of directors. I hereb	for the purp y accept th	pose of char e appointme	nging its ent as reg	registered gistered
11. Pursuant Norfice or r Octagent. Ta		4.5		•			,	•		nging its ent as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	łe. (NO	TE: Registered Age		ired when rei	instating)), + ()		DATE		· · ·
SIGNATURE	Signature, typed or printed name of registered ag	4.5	łe. (NO	•		ired when rei A	instating);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		DATE ERS AND D		· · ·
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D APPLOFF, CONSTANCE L	jent and title if applicable	He. (NO	TE: Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature requi	ired when rei A	instating);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		DATE ERS AND D	IRECTO	RS IN 12
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6.3 STREET ADORESS

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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on a attachment with an address, with all other like empowered.