

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

APPROVED
AND
FILED

①

97 SEP 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000094696			
1. Corporation Name Karline's Beauty Spa of the Palm Beaches			
Principal Place of Business		Mailing Address	
5516 Cannon Way unit A W.P.B. FL 33415			
2. Principal Place of Business		2a. Mailing Address	
21 Same as above		26 Same as above	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Karline Ricketts 5516 Cannon Way #A W.P.B., FL 33415		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
FL			
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: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do 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 changes, or on an attachment with an address.			
SIGNATURE: Karline Ricketts 8/30/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)

②

Florida Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Karlina's Beauty
Spa of the Palm Beaches
5516 Cannon Way #A
W.P.B., FL 33415

July 28, 1997

To Whom it may concern.

I'm in receipt of your Notice on 7/26/97
as per my conversation with your office
7/28/97 I am therefore advising you by
letter that I did not receive a previous
Notice.

As instructed by your office on
7/28/97 I'm enclosing a check in the
amount of \$165⁰⁰

Thank you for your consideration

Sincerely
Karlina's Beauty