Applied For

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000040333**

1. Corporation Name

SHEAR PERFECTION SALON, INC.

Principal Place of Business
2310 ISLE ROYALE CT SE
WINTER HAVEN FL 33880

2. Principal Place of Business

Mailing Address

2310 ISLE ROYALE CT SE WINTER HAVEN FL 33880

2a. Mailing Address

May 01, 1999 8:00 am Secretary of State

05-01-1999 90061 011 ***150.00



DO NOT WRITE IN THIS SPACE	

3. Date Incorporated or Qualifed

05/02/1997

4. FEI Number

21	1400 01 40011000	26]			59-3445171	No.	t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28		Country		8. This corporation owes the current year In		10 i ee <u>s</u>	
24	25 29 30					Personal Property Tax.	X Yes	□No	
	9. Name and Address of					10. Name and Address of New Registered	Agent		
				81	Name				
RAUCH, JUDY I 2310 ISLE ROYALE CT. SE					82 Street Address (P.O. Box Number is Not Acceptable)				
					Street Address (F.O. Dox Nulliber is Not Acceptable)				
WIN	TER HAVEN FL 33880			83					
				84	City		85 Zip	Code	
ı				04	City	Fl	- 65 Zip '	Dode	
11. Pursuant	to the provisions of Sections	607.0502 and 60	7.1508, Florida Statute:	s, the above	-named corp	poration submits this statement for the purpose of	f changing its	registered	
office or r	egistered agent, or both, in the m familiar with, and accept the	ne State of Florida	. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appo	ointment as re	gistered	
•	in ramiliar with, and accept th	io obligations of	00000, 11011	ou outbles.	•				
SIGNATURE	Signature, typed or printed name of regi	istered agent and title if a	pplicable. (NOTE: I	Registered Agen	t signature require	ed when reinstating) DATE			
12.	OFFIC	ERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
TITLE	P		☐ DEFELE	1,1 TITLE			Change	☐ Addition	
NAME	RAUCH, JUDY I			1.2 NAME	1				
STREET ADDRESS	2310 ISLE ROYALE CT	SE		1.3 STREET	ADDRESS				
CITY+ST-ZIP	WINTER HAVEN FL 338	80		1.4 CITY-ST	r-ZIP				
TITLE	VP		☐ OELETE	2.1 TITLE			Change	Addition	
NAME	RAUCH, LARRY W			2.2 NAME					
STREET ADDRESS	2310 ISLE ROYALE CT	SE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 338		-	2. 4 CITY-S	T-ZIP	•			
TITLE	10 10 10 10 10 10 10 10 10 10 10 10 10 1		DELETE	3.1 TITLE			Change	☐ Addition	
NAME	i_			3.2 NAME					
STREET ADDRESS				33 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE			☐ Change	Additio	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST	-ZIP				
TITLE			☐ DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST	- ZIP				
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAME	Ì				
STREET ADDRESS				6.3 STREET	ADORESS				
CITY-ST-ZIP				6.4 CITY-\$1				_	
		- P - 1 - 21 - 41 2 - 42 2	47.5		an adult of in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtific that the i	nformation	

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: Judy 1 Rauch 1