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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000058633 (3) DOCUMENT #

VIP BEAUTY SALON, INC. Principal Place of Business Mailing Address 1910 62ND AVENUE NORTH 1910 62ND AVENUE NORTH ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/07/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 345**6**174 Not Applicable 21 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes □ No 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent BONALEWICZ, PAULETTE L 7550 18TH ST. NORTH Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33702 83 84 City Zip Code 85 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam Januillar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agont signature required when reinstating) OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DLLETE Addition Change TITLE 1.1 TITLE **BONALEWICZ, PAULETTE** 1.2 NAME 7550 18TH STREET NORTH 1.3 STREET ADDRESS STREET ADDRESS **ST PETERSBURG FL 33702** 1.4 CITY - ST- ZIP CITY-ST-ZIP DILFTE Change Addition TITLE 2.1 TITLE **BONALEWICZ, LORI LYNN** NAME 2.2 NAME 2728 39TH AVENUE N STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33714 CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DEFETE Change Addition TITLE 4 1 1010 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS 4.4 CHY-S1-ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DILETE Addition 61 TITLE TITLE NAME 6.2 NAME -06/11/98---01066---035 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00

14. Thereby certify that the information supplied with this filling 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 armunit 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

6.4 CITY-ST-ZIP

CITY-ST-ZIP

11/20/012 8125229/21

**FILED** 

Jun 10 1998 8:00am

Secretary of State