

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058633
Corporation Name

VIP BEAUTY SALON, INC.

Principal Place of Business
10 62ND AVENUE NORTH
PETERSBURG FL 33702

Mailing Address
1910 62ND AVENUE NORTH
ST PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1997	
Suite, Apt. #, etc.		26		4. FEI Number 59-3456174	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BONALEWICZ, PAULETTE L 7550 18TH ST. NORTH ST PETERSBURG FL 33702				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	B P	1.1 TITLE	PRESIDENT
IE	BONALEWICZ, PAULETTE	1.2 NAME	BONALEWICZ, Paulette
EET ADDRESS	7550 18TH STREET NORTH	1.3 STREET ADDRESS	7550 18TH STREET ND
ST-ZIP	ST PETERSBURG FL 33702	1.4 CITY-ST-ZIP	St Petersburg, FL 33702
E	D	2.1 TITLE	
IE	BONALEWICZ, LORI LYNN	2.2 NAME	
EET ADDRESS	2728 39TH AVENUE N	2.3 STREET ADDRESS	
ST-ZIP	ST PETERSBURG FL 33714	2.4 CITY-ST-ZIP	
E		3.1 TITLE	
IE		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E		4.1 TITLE	
IE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E		5.1 TITLE	
IE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E		6.1 TITLE	
IE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: PAULETTE L BONALEWICZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

727-522-9621

Daytime Phone #

CR2E034 (5/99)