PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000103569

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90077 036 ***150.00

1. Corporation Name VE SALON, INC.	~			. 68186 - 1181 - 41118 - 61178 - 2811 (23)
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	Mailing Address	· · · · · · · · · · · · · · · · · · ·	— U JUDANEOU IAP NUAN ERAAR BETAN ORAN BENUN KAN	I BOYAR ILIAN ALIYA OLIYA SAKE ILAR
Principal Place of Business	6441 WOODLAND LANE			,
3641 US 19 UNIVERSAL PLAZA	NEW PORT RICHEY FL 34653		DO NOT WRITE IN THIS	S SPACE
NEW PORT RICHEY FL 34652		•	3. Date Incorporated or Qualified	
			12/08/1997	
2. Principal Place of Business	2a. Mailing Address	· ~'	4. FEI Number	Applied For
21	26 3641 U.S.	19.	59-3478118	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	جلا.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	Dacas	6. Election Campaign Financing	\$5.00 May Be
23	28 34652	- PASC-0-	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year in	ntangible ☐ Yes ☐ No
24 25	29 3	<u>o</u> }	Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current	Registered Agent	81 Name		- Agoth
TAX-A-MISER, INC.		_ \ \	lictoria Elonzae	
6441 WOODLAND LANE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•
NEW PORT RICHEY FL 34653		83	TI OTTIVE SIGN FIRST	
				las Zin Codo
	4500 51	84 City New	section as boile this statement for the currouse of	f changing its registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of			on's board of directors. I hereby accept the appoint	pintment as registered
agent. I am familiar with, and accept the obligat	ions of, Section 607 0505, Fjoric	1-0 ×0/10	ma. 5/27	1-99
agent, I am familiar with, and accept the obligat	INZA C (Lic	Town Clo	me - 3/30	1-99
agent, I am familiar with, and accept the congation of the state of th	ons or, Section 607.0303, Ploric on ZA C (NOTE: R and trie if applicable. (NOTE: R	1-0 ×0/10	me - 3/30	1-99
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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 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.