## 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 # P98000048398

1. Corporation Name

CHENZO SALON GROUP, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 010 \*\*\*150.00

	oneon anoon, ma	•				
Principal Flac	e of Business	Mailing Address			t i mait dan uith i dingt route our jit danter agent denter under corne er jug (unur jeder jebe	
2386 NORTHWI	est 32ND street	2386 NORTHWEST	32ND STREET			
BOCA RATON FL 33431 BOCA RATON FL 33431			33431		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/29/1998	
	lace of Business	2a. Mailing Addre		O1 4	4. FEI Number Applied For	
21 2401		26 240v	PEA.	שוש.	39-2799741 No Applicable	
Suite, Apt.		Suite, Apt. #,			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
<del></del>	0	27 700	<u>/</u>			
City & Stat		City & State	Ray	Goiders !	6. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Zip	- Weach Country	ens, [428 /cln	Drace (	Country		
<u> </u>		` _ `	_	(25 <b>)</b>	8. This corporation owes the current year Intangible Personal Property Tax.   Yes	
24 354		Current Registered Agent	<u> </u>	_ <del></del>	10. Name and Address of New Registered Agent	
	a, Harrie alla Adeless Ol	Carron Hogistered Hydric		81 Name		
COR	RPORATION SERVICE COM	<b>IPANY</b>				
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
TALI	LAHASSEE FL 32301-2525	5		83		
ļ						
l I				84 City	FI 85 Zip Code	
14 Dureuant	to the provisions of Scotions 6	807 0502 and 607 1508 Florid	a Statutes, the	ahove-nameo	d corporation submits this statement for the purpose of changing its registered	
l office cro	registered agent or both in th	e State of Florida. Such chanc	ie was authoriz	zed by the cort	poration's board of clirectors. I hereby accept the appointment as registered	
agent, I a	im familiar with, and accept the	e obligations of, Section 607.0	505, Florida St	tatutes.		
SIGNATURE	Signature, typed or printed name of regs	stand agent and title if applicable	(NOT - Registe	ered Anent signalure	e required when reinstating) DATE	
12.		ERS AND DIRECTORS	1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	☐ DE		TITLE	t), P Schange	
NAME	FISHER, W C		1.2	2 NAME	Fisher, WC	
STREET ADDRE 3S	AGGA MODEL BAIEGE GOAL	D STREET	1.3	3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		- 1	4 CITY-ST-ZIP	Jupiter, FL 333458	
TITLE	1	DE		1 TITLE	Change Addition	
NAME			1	2 NAME	Louis S. Weltman	
STREET ADDREGS				3 STREET ADDRESS	Ann	
CITY-ST-ZIP				4 CITY-ST-ZIP	Boca R.ton FL 33431	
TITLE	<del>                                     </del>	DE		1 TITLE	17,7,5 Change Addition	
NAME				2 NAME	Charles S. Wright	
STREET ADDRESS				3 STREET ADDRESS	Trans.   Arman   Armin   Mr.   1   1   1   1   1   1   1   1   1	
1				4. CITY-ST-ZIP	Jonson Bouch Pc 34957	
CITY-ST-ZIP	<del> </del>	DE		1 TITLE	Change Addition	
NAME			1	2 NAME		
STREET ADDRESS			ľ	3 STREET ADDRESS	s	
1				4 CITY-ST-ZIP	-	
CITY-ST-ZIP TITLE		DE		1 TITLE	Change Additi	
NAME		ال ال				
	]		5.2	2 NAME		
	. [			2 NAME 3 STREET ADDRESS	s	
STREET ADDRESS			5.3	3 STREET ADDRESS	s	
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STREET ADDRESS CITY-ST-ZIP		□ DE	5.3 5.4 LETE 6.1	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	S Change Additi	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DE	5.3 5.4 LETE 6.1 6.2	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	☐ Change ☐ Additi	
STREET ADDRESS CITY-ST-ZIP		□ DE	5.3 5.4 ELETE 6.1 6.2 6.3	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	☐ Change ☐ Additi	

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 or trify that the information indicated on this annual report or supplemental a mual 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 13 if changed, and in an address with all other like empowered. Block 12 or Block 13 if changed n attachr rent with an address, with all other like empowered.

SIGNATURE:

ED OR FRINGED NAME OF SIGNING OFFICER OR DIRECTOR