## 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 # **P98000079276**1. Corporation Name

SALON CAPPELLI, INC.

	l	
Principal I	Place of	Business

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90036 023 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
9762 W. SAMPI	LE ROAD	9762 W. SAMPLE ROAD				•	
CORAL SPRING	GS FL 33065	CORAL SPRINGS FL 33065					
						E IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/14/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	. A	oplied For
21		26			65-0863794	F N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<sub></sub> \$8.75	Additional equired
22		27					·
City & State	е	City & State			6. Election Campaign Financing	1 1	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	· <u>-</u>	
24	25	2930	<u> </u>		Personal Property Tax.	☐Yes	□No
!	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Agent	
i Cu ta	ice No		81	Name R	COBERT BOVA	4	
,	NGS, INC.		82		ress (P.O. Box Number is Not Acceptab	ole) ,	
	N.W. 16TH STREET			9	762 W. SAMPLE R	ROAD	
F1. l	LAUDERDALE FL 33311-4132		83	4			Ì
! !	-		84	City	<u> - 11</u>	85 Zip	Code
}				COR	RAL SPRINGS	FL   33	065
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the pion's board of directors. I hereby accept	ourpose of changing its	s registered
omice or r	edistered adent, or potri, in the State	OF FIDHUA. SUCH CHANGE WAS AUGI	UILEU DY		ion a board of directors. I hereby decept	are appointment as it	giotorea
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes			_	_
;	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes			3-20-	99
agent, I a SIGNATURE	m familiar with, and accept the obliga	ROBERT BOY	A Statutes	V. PRE	S SALON CAPPELY ed when reinstaling)	3 - 20-	
;	m familiar with, and accept the obligation of registered age.	ROBERT BOUNTE: Re To DIRECTORS	gistered Agen	V. PRE	S SALONCAPPELY	DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ROBERT BOU nt and title if applicable. (NOTE: Re	A Statutes gistered Ager	V. PRE	S SALON CAPPELY ed when reinstaling)	DATE	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.