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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$14755

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## FILED Apr 11 1997 8:00am Secretary of State

VILLAGE HAIR ENTERPRISE, INC.

, ,	! Of CUSINESS	Mailing Address				i ifibilitii ibi hibii bidii	LOES! SHOT SITE	Blair BiBit Bi	MIN MIKEL MINN	midit late
Principal Place of Business  3700 INVERRARY DRIVE INTERNATIONAL VILLAGE CONDOMINIUM		3700 INVERRARY DRIVE INTERNATIONAL VILLAGE CONDOMINIUM								
LAUDERHILL FL	. 33319	LAUDERHILL FL 33319-51	100			3. Date Incorporated of 11/08/1990	or Qualified		le of Last R <b>3/1996</b>	leport
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number		·	Ar	oplied For
21		26				65-0239049			~~~ <del>~~</del>	ot Applicable
Suite, Apt. (	#, etc.	Suite Apt. #, etc.				5. Certificate of Status	Desired			Additional
22 Carro Chala		City & State								equired
City & State	<b>)</b>					6. Election Campaign				May Be to Fees
<b>23</b> Z(p)	Country	<b>28</b>	Cou	ntry		Trust Fund Contribu				
	25	29	30	ini y	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<ol><li>This corporation has Florida Statutes</li></ol>		<i>-</i> -	tax under s ] No	. 199,032,
24	9. Name and Address of Cur		[30]		<u></u>	0. Name and Address				
HIIR	ERT, JOSEPH A.			81 Nam	~					
	E COMMERCIAL BLVD.								·····	
STE				82 Stree	et Address	(P.O. Box Number is N	lot Acceptabl	le) .		
	AUDERDALE FL 33308			63						
FIL	AUDENDALE FL 33300									····
				84 City				FL	85 Zip	Code
44 Durwool t	o the provisions of Sections 607.	0502 and 607 1509 Florida State	toe the a	NOVE DOM	d corpora	tion submits this states	ent for the n		changing if	te registered
office or re	egistered agent, or both, in the St in familiar with, and accept the ot	ate of Florida, Such change was	authorize	by the c	orporation's	s board of directors. If	nereby accep	t the appo	ointment as	registered
agent Lar	n familiar with land accept the ob-	oligations of, Section 607.0505, F	-lorida Stal	utes.						
SIGNATURE .	Signature Typed or printed name of registare	Abr.	N. Conleten	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		hen reinstating)		DATE		
12.		AND DIRECTORS	13.	3 Agent argna:	Die required wi	ADDITIONS/CHANG	S TO OFFIC		DIRECTOR	IS IN 12
<del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del>	PTD					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10704	PIU	L_ DECETE	1.1 T)	îL <b>E</b>					Change	Addition
TITLE	• •-	[_] DELETE	1.1 T) 1.2 N						Li Unange	Addition
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NAME STREET ADDRESS	CACCAMO, CAROL 2143 NE 58TH CT.	□ DECETE	1.2 N	IME REET ADDRES	s				L_ Change	Addition
NAME STREET ADDRESS CITY-ST-7IP	CACCAMO, CAROL 2143 NE 58TH CT. FORT LAUDERDALE FL	☐ DELETE	1.2 N	ME REET ADDRES TY+ST-ZIP	S		·		Change	Addition Addition
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NAME STREEL ADDRESS CITY-\$1-7IP TITLE NAME STHEEL ADDRESS CITY-\$1-ZIF TITLE NAME	CACCAMO, CAROL 2143 NE 58TH CT. FORT LAUDERDALE FL VSD CACCAMO, PAUL 3700 INVERRARY DR.	☐ DELETE	1.2 N. 1.3 S 1.4 C 2.1 Tr 2.2 N. 2.3 S 2.4 C 3.1 Tr 3.2 N.	ME REET ADDRES TY-ST-ZIP TLE AME REET ADDRES ITY-ST-ZIP TLE	\$				Change	Addition
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1. Edo 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4840476

Date