| SECOND AMOUNT DU | J NOTICE: CORPC | JRATION WILL BE D' | HSSOLVED ON OR AFTER YED, MINIMUM AMOUNT DU | AUGUST 7, 1906. | | |
|---|--|---------------------------------|--|---|--|--|
| | PROFIT | | | RITMENT OF STATE | AYANO | |
| | RPORATION UAL REPORT | , , | | B. Mortham | FILEO | |
| | 1996 | | / | CORPORATIONS | 996 OCT 28 AH 9: 41 | |
| 1. Corporation | DOCUMENT # S71367 (4) | | | | SECRETARY OF TALLAHASSEE, F | STATE FLORIDA |
| CHET'S | s hair a nail | L SALON, INC. | | | | |
| Principal Plac | ce of Business | | Mailing Address | <u> </u> | | |
| 44 GOLF DRIV PORT ST LUC US | IVE ICIE FL 34952 | | 44 GOLF DRIVE Port St Lucie Fl. 34952-2044 US | | 3. Date Incorporated or Qualified | Private International Control |
| - 1:-:-AIE | | | | | 08/02/1991 | 3a. Date of Last Report 05/01/1985 |
| 21 | Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0277200 | Applied For Not Applicable |
| Suite, Apt. | | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | e | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip 24 | 25 | Country | Zip 29 | Country 30 | This corporation has liability for in Florida Statutes | 1,377.5 |
| | 9. Name and A | Address of Current Re | | 81 Name | 10. Name and Address of New Re | 8:3-2 |
| | MITH, CHIET GOLF DRIVE | | | | Idress (P.O. Box Number is Not Acceptable | late late |
| | ORT ST LUCIE FL | . 34952 | , | 83 SILDER AUR | 2/000 (1.00. 000.114 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| \mathcal{L} | - 01 | $\gamma()$ | | 24 City | | BS Zip Code |
| 11. Pursuant | to the provisions of | S 30000 607.0502 ar | no 607.1508, Florida Statuti | 1.1.3 | moration submits this statement for the pr | · · · · · · · · · · · · · · · · · · · |
| | agistered agent, um familiar with, and | d accept the abligation | lorida. Such change was as as of, Section 607.0505, Flo | uthorized by the corporar rida Statutes. | rporation submits this statement for the pu ation's board of directors. I hereby accept | the appointment as registered |
| | Signature, typed or printe | ed name of registered agent and | | TE: Registered Agent eignature requ | | -21 = 76 |
| TITLE | DPST | OFFICERS AND DI | DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 2 2 9 9 1 12 2 2 1 1 12 2 2 1 1 1 1 |
| NAME | SMITH, CHET | | _ | 12 NAME . | 3000019 | |
| STREET ADDRESS CITY+ST-ZIP | PORT ST LUC | | | 1.3 STREET ADDRESS 1.4 City-St-Zip | | 796-01036-010 N |
| TITLE | 1.000 | <u>AL FL</u> | DELETE | 2.1 TITLE | Total State of the | 75.00 ***** 375.00 E |
| NAME STREET ADDRESS | 1 | | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | l | | - <u> </u> | 2.3 STREET ADDRESS 2.4 City - St - Zip | Service Services | ale line |
| TITLE NAME | 1 | | DELETE | 3.1 TITLE 3.2 NAME | REINSTATEME | C Child . Addition |
| STREET ADDRESS | 1 | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | I I onere | 3.4. CITY-ST-ZIP | With the second | |
| TITLE NAME | 1 | | DELETE | 4.1 TITLE 4.2 NAME | | Change Addition |
| STREET ADORESS | 1 | | | 4.3 STREET ADDRESS | The state of the s | |
| CITY-ST-2IP | | | DELETE | 4.4 CITY-ST-ZIP | 2 (1890) 214, 4442 0 (1890) 2 (1890) | Change Addition |
| NAME | 1 | | Name of the last o | 52 NAME | | |
| STREET ADDRESS | 1 | | | 5.3 STREET ADDRESS | | |
| TITLE | | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | A CONTRACTOR OF THE CONTRACTOR | Change Addition |
| NAME STREET ADDRESS | 1 | | | 62 NAME | | |
| STREET ADDRESS CITY+ST+ZIP | 1 | | | 6.3 STREET ADDRESS 6.4 City-St-Zip | | |
| 14. I do hereb | by certify that the informatily the informatily that the informatily that the informatily the informatily that the informatily the infor | iformation supplied with | th this filing is voluntarily fur annual report or suppleme | colebed and does not our | salify for the exemption stated in Section 1 and accurate and that my signature shall | 19.07(3)(k), Fiorida 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 of the receiver or trustee empowered to execute this report as required by Chapter 617; For ida Statuee; and that my name appears in Block-19 or Block 13 if changed, or on prestachment with an address. | | | | | | |

SIGNATURE: