

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
7/23

DOCUMENT # V06965 (0)

1. Corporation Name

RENEE'S SALON, INC.

RECEIVED
JUL 27 1995
TALLAHASSEE, FLORIDA

Principal Name of Director

Mailing Address

**201 NORTH U.S. HWY 1
BAY D-4
JUPITER FL 33477**

**201 NORTH U.S. HWY 1
BAY D-4
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **01/15/1992** 3a. Date of last report **04/27/1994**

4. FFI Number **65-0308021** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for information fee under § 607.12, Florida Statutes. ☒ Yes ☐ No

2. Principal Name of Director 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ILARDI, RENEE
2078 MAINSAIL CIRCLE
JUPITER FL 33477**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information included 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by § 607.12, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with this report.

SIGNATURE:

Renee A. Ilardi

*RENEE A. ILARDI
PRESIDENT/OWNER*

4/26/95

407-746-1005