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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 1996   |   |  | N OF CORPORATIONS  |   |  |   |  |
|--|---|--|--|---|--|---|--|
| DOCUMENT # V06965 1. Corporation Name RENEE'S SALON, INC.  Principal Place of Business  Mailing Address  |   |  |  |   |  |   |  |
|  |   |  |  |   |  |   |  |
| 201 NORTH U.S. HWY 1<br>BAY D-4<br>JUPITER FL 33477  |   | 201 NORTH U.S. HWY 1<br>BAY D-4  |  |   | 16.02 åtiël 641! 616   | sa mamara Malian Mal  | ins elen Elâli Hâl   |
|  |   | JUPITER FL 33477   |  | 3. Date Incorporated or 01/15/1992  | Qualified 3a.  | Date of Last<br><b>05/01/1</b>                              |  |
| Principal Place of Busin   | ess   | 2a. Mailing Address  |  | 4. FEI Number   | l  | 00/01/18  | Applied For  |
| Suite, Apt. #, etc.  | <del></del>   | Suite, Apt. #, etc   |  | 65-0308021  |  | _   | Not Applicable   |
| 2  |   | 27   | ž.   | 5. Certificate of Status D  | Desired  |   | 5 Additional   |
| City & State   |   | City & State   |  | 6. Election Campaign Fir  | <del></del>  |   | Required   |
| Z <sub>I</sub> p   | <del></del>   | 28   | <del>-</del>   | Trust Fund Contribution   |  | \$5.0   | 00 May Be<br>ed to Fees  |
| ר <i>בי"</i>   | Country<br>25   | Zip  | Country  | 8. This corporation has li  | liability # intangib   | le tax under  | s 199 032  |
|  | and Address of Currer   | 29 Agent   | 30   | Florida Statutes  | Yes 🔲 No   | )   | 0 100.002,   |
|  |   | and a second second  | 81 Name  | 10. Name and Address  | of New Register  | ed Agent  |  |
| ILARDI, RENEE  |   |  |  | ·   |  |   |  |
| 2078 MAINSAIL CIP  | RCLE  |  | 82 Street A  | Address (P.O. Box Number is Not   | Acceptable)  |   |  |
| JUPITER FL 33477   |   |  | 83   |   |  |   |  |
|  |   |  | 04 00  |   |  |   |  |
|  |   |  |  |   |  | 1   |  |
| 1. Pursuant to the evolution   |   |  | 84 City  |   | F  | :   | ip Code  |
| Pursuant to the provision or registered agent, or the control of the control      | ons of Sections 607.0502<br>both, in the State of Floric  | and 607.1508, Florida Sta<br>da. Such change was autho                               |  | rporation submits this statement for  | or the purpose of  | •   | •  |
| , = 10 20р   | ons of Sections 607.0502<br>both, in the State of Floric<br>t the obligations of, Secti   | and 607.1508, Florida Sta<br>da. Such change was autho<br>on 607.0505, Florida Statu |  | rporation submits this statement for<br>board of directors. I hereby accept | or the purpose of the appointment  | •   | •  |
| IGNATURE   | e the deligations bi, Secti   | on 607.0505, Florida Statu   | atutes, the above named co-<br>orized by the corporation's lates.  | аментин болу досоря   | or the purpose of the appointment  | •   | •  |
| IGNATURE Signature, typod o  | ons of Sections 607.0502 both, in the State of Floric t the obligations of, Section remoderance of regulated agent OFFICERS AND | and title if applicance.   |  | iq ired when reinstating)   | or the purpose of<br>t the appointment   | changing its<br>as registered                               | registered office<br>d agent. I am                                       |
| IGNATURE Signature, lyrico o  2.  ILE DP   | r printed name of registered agent OFFICERS AND   | and title if applicance.   | atutes, the above-named co-<br>orized by the corporation's lates.  | аментин болу досоря   | or the purpose of<br>t the appointment   | changing its as registered                                  | registered office<br>d agent. I am<br>DRS IN 12                          |
| IGNATURE Signature, typica o  2.  ILE DP ILARDI, F   | OFFICERS AND  | and title if applicance.  DIRECTORS  | atutes, the above named co-<br>orized by the corporation's lates.  [NOTE Registered Agont sgnature re  | iq ired when reinstating)   | or the purpose of<br>t the appointment   | changing its<br>as registered                               | registered office<br>d agent. I am                                       |
| IGNATURE  Signature, byten of order  ILE  MME  HEFT ADDRESS  IGNATURE  Signature, byten of order  Signature, byten of order  Signature, byten order  LARDI, F  | OFFICERS AND RENEE INSAIL CIRCLE  | and title if applicance.  DIRECTORS  | atutes, the above named co-<br>orized by the corporation's lates.  NOTE. Registered Agent signature re   | iq ired when reinstating)   | or the purpose of<br>t the appointment   | changing its as registered                                  | registered office<br>d agent. I am<br>DRS IN 12                          |
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGN