

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V37927 (3)

1. Corporation Name

PA NACHE BEAUTY SALON, INC.



Principal Place of Business

**22 AVE OF THE FLOWERS
LONGBOAT KEY FL 34228
US**

Mailing Address

**11827 69TH STREET EAST
PARRISH FL 34219**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ANDRESS, JON EARL
11827 69TH STREET EAST
PARRISH FL 34219**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

04/20/1995

4. FLE Number

65-0335009

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 intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person filing this information on behalf of the corporation

Signature of Block 13 if it is a new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

ANDRESS, JON EARL

STREET ADDRESS

11827 69TH STREET E

CITY-ST-ZIP

PARRISH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

43 TITLE

☐ Change ☐ Addition

44 NAME

45 STREET ADDRESS

46 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 registered agent or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an amendment to an address.

SIGNATURE:

Jon Earl Andress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

941-383-8132

CR2E034 (12/95)