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PROF11 CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

korporation	MENT # V Name PETERS HAIR SAI	LON, INC.	`							
icipal Place of Business D1 YAMATO RD -A-7 OCA RATON FL 33434 S			Mailing Address 3011 YAMATO RD S-A-7			T HODIN GUIDOU HINGE HOURI HOURD HARIE OORN ONDIN BYERN DUDIN BYEN DIDIN HOURI HOURI				
			BOCA RATON FL 33434 US				 Date Incorporated or Qualified 05/22/1992 	3a.	3a. Date of Last Report 03/24/1995	
 Yinoipat Pla	ice of Business	Т	2a. Mailing Addr	ess			4. FEI Number			oplied For
		2	26]			<u> </u>	65-0343365		1	Not Applicable
šuite, Apt. #	i, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional Required
Dity & State		2	City & State				6. Election Campaign Financing			May Be
		2	28				Trust Fund Contribution			i to Fees
'ψ	Country	-	- Ζ φ	_	Country	<i>y</i>	8. This corporation has liability fo			199.032,
	25 g. Name and Addre		29		30		Florida Statutes Ye 10. Name and Address of New	Beolete		
	9. Name and Addre	ss of Current ne	gistered Agent		81	Name	10, Italiie siid Addiess di Itali	riegistei	IOU AYON	
PETERS, RISA 3011 YAMATO RD S-A-7 BOCA RATON FL 33434					82 83		ress (P.O. Box Number is Not Acceptable)			
DOOK IV	ATORT E COTOT				84	City		F	FL 85 Zip	Code
or registere	o the provisions of Sections of Sections of Sections of Section (1) and accept the obligation of the section of	State of Florida. S	such change was	authorized	the above- by the corp	named corpo poration's boa	ration submits this statement for the p ard of directors. I hereby accept the ap	urpose o pointmen	f changing its re nt as registered	agent. I am
or registere familiar with NATURE	ed agent, or both, in the h, and accept the obligation of the obligation of the state of the sta	State of Florida. S tions of, Section 6	Such change was 507.0505, Florida	authorized Statutes.	by the corp	ooration's boa	ration submits this statement for the pard of directors. I hereby accept the apard when relies things ADDITIONS/CHANGES TO OF	pointmen	nt as registered	agent. I am
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