## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90033 050 \*\*\*150.00

DOCU	MENT # <b>V39390</b>			
A NU YOU SALON & SPA, INC.				
	or or correction			I MADAL BINDRO KIND KANDA HIND HANK BAKK BINDI DIRIK BIRK BIRK BIRK BIRK BIRK BIRK BIRK
Principal Plac	o of Business	Mailing Address		
Principal Place of Business Mailing Address 5935 S. UNIVERSITY DRIVE 5935 S. UNIVERSITY DRIVE				
MIAMI FL 33328 MIAMI FL 33328				DO NOT INDITE IN THIS COACE
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				05/26/1992
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.		Suite Ant # etc		65-0337682   Not Applicable   \$8.75 Additional
22 27			5. Certificate of Status Desired Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees
24	25	29 3	_	8. This corporation owes the current year Intangible Personal Property Tax.   Yes
	9. Name and Address of Current			10. Name and Address of New Registered Agent
HAS	TINGS, SANDRA		81 Nar	lame ' !
10051 ORANGE DRIVE			82 Stre	Street Address (P.O. Box Number is Not Acceptable)
DAV	E FL 33328		83	
			84 City	City 85 Zip Code
				<b>FL</b>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered				
	m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	la Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signati	nature required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	HASTINGS, SANDRA	☐ belete	1.1 TITLE 1.2 NAME	
STREET ADDRESS	10051 ORANGE DR		1.3 STREET ADDRE	DRESS
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	KATEN, ROGER 5935 S. UNIVERSITY DRIVE		2.2 NAME 2.3 STREET ADDRE	
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP	1
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	
TITLE		☐ DELETE	34. CITY-ST-ZIP 41 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	DRESS
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	
TITLE NAME		☐ nereie	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition ☐
STREET ADDRESS			5.3 STREET ADDRE	DRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME 6.3 STREET ADORE	npres .
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-ST-ZIP	(
VIII - 011/21F				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: