

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # V61861

(3)

1. Corporation Name
M & R SALONS, INC.

Principal Place of Business
2101 PGA BLVD
J201
PALM BEACH GARDENS FL 33410
US

Mailing Address
9906 S PARK CIRCLE
FAIRFAX STATION VA 22039-2909
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

933 crestview circle

WESTON, FL

33327

USA

3. Date Incorporated or Qualified
09/04/1992

3a. Date of Last Report
01/23/1996

4. FEI Number
65-0354075

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

9. Name and Address of Current Registered Agent

MILLER, RUSSELL H
3101 PGA BLVD.
PALM BEACH GARDENS FL 33410

CHANGE OF
Address →

81 Name

Russell H. Miller

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

933 crestview circle

83

84 City

WESTON

FL

85 Zip Code

33327

10. Name and Address of New Registered Agent

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Russell H. Miller

Russell H. Miller

3/25/97

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MILLER, RUSSELL H.
STREET ADDRESS 9906 S PARK CIRCLE
CITY-ST-ZIP FAIRFAX STATION VA

TITLE VPS
NAME MILLER, JENNIFER F.
STREET ADDRESS 9906 S PARK CIRCLE
CITY-ST-ZIP FAIRFAX STATION VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PT, Director
MILLER, Russell H.
933. crestview circle
WESTON, FL 33327

VPS
MILLER, JENNIFER F.
933 crestview circle
WESTON, FL 33327

14. I do 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, and an address.

SIGNATURE:

Russell H. Miller PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

Date

954
349-3830

Day/me Phone #

CR2E034 (9/96)