

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V68096** (9)

1. Corporation Name

**BELLE'S BEAUTY SUPPLY, LTD., INC.**



Principal Place of Business

**501 N ORLANDO AVE  
157  
WINTER PARK FL 32789  
US**

Mailing Address

**501 N ORLANDO AVE  
157  
WINTER PARK FL 32789  
US**

3. Date Incorporated or Qualified  
**10/02/1992**

3a. Date of Last Report  
**05/31/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-3142727**

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

10. Name and Address of New Registered Agent

**JOHNSON, MICHAEL  
1701 LEE RD.  
APT. #349K  
WINTER PARK FL 32789**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **JOHNSON, MICHAEL**  
STREET ADDRESS **1701 LEE RD., #349K**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V** ☐ DELETE

NAME **JOHNSON, ISABEL**  
STREET ADDRESS **1701 LEE RD., #349K**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Michael Johnson** ☒ Change ☐ Addition

1.2 NAME **849 So. Wymore Rd #44C**  
1.3 STREET ADDRESS **Altamonte Spgs, FL 32714**  
1.4 CITY-ST-ZIP

2.1 TITLE **Isabel Johnson** ☒ Change ☐ Addition

2.2 NAME **849 So. Wymore Rd #44C**  
2.3 STREET ADDRESS **Altamonte Spgs, FL 32714**  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**(407) 740-8488**

CR2E034 (12/95)