

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. NORMAN
Secretary of State
CORPORATION DIVISION

DOCUMENT # **G93964**

(6)

NADA'S INTERNATIONAL HAIR DESIGN, INC.

APPROVED
AND
FILED

MAY - 1 11 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of Last Report
P. O. BOX 3741 2045 GRAND BOULEVARD HOLIDAY, FL 34690 34690		P. O. BOX 3741 2045 GRAND BOULEVARD HOLIDAY, FL 34690 34690		03/30/1984	04/29/1994
21. State of Incorporation	26. Mailing Address	4. FID Number	Applied For (Not Applicable)		
22. State of Report	27. Mailing Address	5. Certificate of Active Interest	\$8.75 Additional Fee Required		
23. State of Office	28. Mailing Address	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24. State of Principal Office	29. Mailing Address	7. Is the corporation a Florida corporation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
25. State of Principal Office	30. Mailing Address	8. Is the corporation a Florida corporation?			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DAKIC, NADA 4335 DARLINGTON ROAD HOLIDAY FL 34691		B1. Name			
		B2. Street Address (P.O. Box preferred if Not Applicable)			
		B3. City			
		B4. State	FL	B5. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, hereby certify that the above is a true and correct statement of the information required by this report and that the corporation is in good standing under the laws of the State of Florida. I am a director, officer, or shareholder of the corporation and am authorized to execute this report.

12. OFFICERS AND DIRECTORS	13. ALTERNATE OFFICERS, DIRECTORS, AND SHAREHOLDERS																								
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation as filed in the State of Florida. I further certify that the information included on this annual report or biennial report is true and accurate and that the corporation shall have the same kept on file in its records. I am a director, officer, or shareholder of the corporation and am authorized to execute this report as required by Chapter 603, Florida Statutes, and that my name appears on the list of directors, officers, or shareholders of the corporation.

SIGNATURE: *Nada - Dacic* NADA DAKIC 5/1/95 813-934-1984
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR