

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J41796** (0)
1. Corporation Name
WAVE LENGTHS HAIR STUDIO, INC.



Principal Place of Business 14953 GULF BLVD. MADEIRA BCH. FL 33708 US	Mailing Address 14953 GULF BLVD. MADEIRA BCH. FL 33708-2013 US
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3. Date Incorporated or Qualified 11/13/1986	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2877282	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent PINIEWSKI, JILL ALLEMAN 2215 W VINA DEL MAR BLVD ST. PETERSBURG BCH FL 33708	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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10. Name and Address of New Registered Agent
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	ALLEMAN, JILL 2215 DW VINN DELMAR BLVD ST. PETERSBURG FL	☐ DELETE	☐ Change ☐ Addition JILL PINIEWSKI-TAYLOR
V	PINIEWSKI, JOANNE 310 JULIA C.S. ST. PETERSBURG BCH. FL	☐ DELETE	☐ Change ☐ Addition
T	PINIEWSKI, JACKIE 310 JULIA C.S. ST. PETERSBURG BCH. FL	☒ DELETE	☐ Change ☐ Addition
S	KOSICA, JODY 310 JULIA C.S. ST. PETERSBURG BCH. FL	☒ DELETE	☐ Change ☐ Addition
		☐ DELETE	☐ Change ☐ Addition
		☐ DELETE	☐ Change ☐ Addition

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 with an address.

SIGNATURE: *Jill Piniewski-Taylor* 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)