

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Myrham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L42310** (7)

95 FEB 14 PM 2:47

1. Corporation Name

JEAN NICOLE HAIR SALONS, INC.

Principal Place of Business Mailing Address
~~670 DENNIS S. GOLD ESO.
2335 TAMiami TRAIL NORTH, SUITE 301
NAPLES FL 33940~~
~~670 DENNIS S. GOLD ESO.
2335 TAMiami TRAIL NORTH, SUITE 301
NAPLES FL 33940~~

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 01/10/1990
3a. Date of Last Report 01/25/1994

2. Principal Place of Business 2a. Mailing Address
21 **JEAN NICOLE HAIR SALONS INC** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **3300 BONITA BEACH RD #126** 27 **3300 BONITA BEACH # 26**
City & State City & State
23 **BONITA SPRINGS FL 33923** 28 **BONITA SPRINGS FL**
Zip Country Zip Country
24 **33923** 25 **LEE** 29 **33923** 30 **LEE**

4. FEI Number 65-0169663 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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~GOLD, DENNIS S.
2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES FL 33940-4997~~

10. Name and Address of New Registered Agent
81 Name **GAST, DOUGLAS S.**
82 Street Address (P.O. Box Number is Not Acceptable) **3300 BONITA BEACH RD. #126**
83
84 City **BONITA SPRINGS** FL 85 Zip Code **33923**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAST, DOUGLAS S.	1.2 NAME	
STREET ADDRESS	3300 BONITA BEACH RD#126	1.3 STREET ADDRESS	
CITY- ST- ZIP	BONITA SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAST, SANDRA	2.2 NAME	
STREET ADDRESS	3300 BONITA BEACH ROAD #126	2.3 STREET ADDRESS	
CITY- ST- ZIP	BONITA SPRINGS FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 119.071, 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas S. Gast* 2-10-95 (813) 747 3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR