

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L61249

(3)

1. Corporation Name

CURLS COIFFEURS, INC.



Principal Place of Business

% MARIE E. KRUSE
20751 STATE ROAD 520
ORLANDO FL 32833

Mailing Address

% MARIE E. KRUSE
20751 STATE ROAD 520
ORLANDO FL 32833

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRUSE, MARIE E.
20751 STATE ROAD 520
ORLANDO FL 32833

3. Date Incorporated or Qualified

03/30/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3014695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

N/A

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

Marie E. Kruse

MARIE E. KRUSE, P.S.T.

1-26-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
KRUSE, MARIE E.
STREET ADDRESS
2803 ABNEY AVENUE
CITY-STATE-ZIP
ORLANDO FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(d), 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 registered or beneficially 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: *Marie E. Kruse* MARIE E. KRUSE, P.S.T. 1-26-96 407 568-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ex-2

Form 1299-96

CR2E034 (12/95)