

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 # P93000067002 (4)

1. Corporation Name

BUDDY'S BARBER SHOP, INC.



Principal Place of Business

Mailing Address

**3508-A TAMiami TRAIL
PORT CHARLOTTE FL 33952**

**3508-A TAMiami TRAIL
PORT CHARLOTTE FL 33952**

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

25

29

30

9. Name and Address of Current Registered Agent

**VALENTI, VINCENT F
3508-A TAMiami TRAIL
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0438919

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

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, as a member of the corporation, hereby accept the appointment as registered agent. I am

SIGNATURE

Signature typed or printed name of registered agent and title (if any)

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D VALENTI, VINCENT F**
STREET ADDRESS **1217 SW 15TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

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

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-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(3)(k), 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: *Vincent F. Valenti* Vincent F. Valenti 4-12-96 9416246019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)