

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 31 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087384 (1)

1. Corporation Name

FRINGE HAIR & NAIL DESIGNERS, INC.

Principal Place of Business

Mailing Address

1360 SONNET COURT
DELTONA FL 32738

1360 SONNET COURT
DELTONA FL 32738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/01/1994

11/17

4. FEI Number

59-328-2285

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 11405 Atlantic Dr
Altamonte Springs, FL

26 11405 Atlantic Dr
Altamonte Springs, FL

(Suite, Apt. #, etc.)

Suite, Apt. #, etc.

22 1014

27

City & State

City & State

23 Altamonte Springs, FL

28

Zip

Country

Zip

Country

24 32701

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'LEARY, PETER F
1360 SONNET COURT
DELTONA FL 32738

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 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

Signature, typed or printed name of registered agent and the filer (applicant)

DATE Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MORLEN, DENISE L
STREET ADDRESS	1360 SONNET COURT
CITY - ST - ZIP	DELTONA FL 32738
TITLE	VD
NAME	BROWNE, ROSE M
STREET ADDRESS	1360 SONNET COURT
CITY - ST - ZIP	DELTONA FL 32738
TITLE	STD
NAME	O'LEARY, PETER F
STREET ADDRESS	1360 SONNET COURT
CITY - ST - ZIP	DELTONA FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: Denise L. Morlen Denise L. Morlen 6-6-95 407-834-4055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR