

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUL 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020580 (2)

1. Corporation Name
DIONNE'S HAIR STUDIO, INC.

Principal Place of Business
10211 PINES BLVD SUITE 200
PEMBROKE PINES FL 33026

Mailing Address
10211 PINES BLVD SUITE 200
PEMBROKE PINES FL 33026-6003

3. Date Incorporated or Qualified
02/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Dionne's Hair Studio Inc

26

4064 SW 69 Ave

Suite, Apt. #, etc.

22 Miramar FL

27 City & State

23 33023

28 Zip

24 Country

29 Country

25

30

4. FEI Number
65-0665324

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYLE, DIONNE
10211 PINES BLVD SUITE 200
PEMBROKE PINES FL 33026

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 200002252982--B

84 City

****165.0PL ***7165.00

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 P. PRESIDENT

1.1 TITLE P. PRESIDENT ☐ Change ☐ Addition

NAME DIONNE GAYLE

1.2 NAME DIONNE GAYLE

STREET ADDRESS 203 RYAN LANE

1.3 STREET ADDRESS 203 RYAN LANE

CITY-ST-ZIP FORT LAUDERDALE, FL 33327

1.4 CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 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 custodian 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.

CR2E034 (9/96)

7-10-97