

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V35419** (3)

1. Corporation Name

**SECRETS HAIR DESIGN, INC.**

Principal Place of Business

**1913 S FRENCH AVE  
SANFORD FL 32771**

Main Address

**1913 S FRENCH AVE  
SANFORD FL 32771**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified <b>05/08/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3123983</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 198.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24. Zip	30. Zip

9. Name and Address of Current Registered Agent

**BENTON, STANLEY E.  
5110 BRYANT AVE  
SANFORD FL 32771**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number, Not Applicable)  
B3  
B4 City  
B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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 607.01(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME <b>P BENTON, STANLEY E.</b>	STREET ADDRESS <b>5110 BRYANT AVE SANFORD FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>T BENTON, GILBERT S.</b>	STREET ADDRESS <b>5110 BRYANT AVE SANFORD FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>V FLEMING, CHARLES W.</b>	STREET ADDRESS <b>4705 HWY 427 SANFORD FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01(2)(b)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as 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 person or persons 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 was an individual with an address.

SIGNATURE: *Stanley Benton* Stanley Benton 5/1/95 117324-9484  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. McManus  
Secretary of State  
Division of Corporations

DOCUMENT # **V36355** (8)  
1. Corporation Name  
**F & T COWENS, INC.**

APPROVED AND FILED  
MAY 1 11:43  
CORPORATION  
TALLAHASSEE, FLORIDA

Principal Office of Business: 1057 5TH AVE. NO. NAPLES FL 33940  
Mailing Address: 1057 5TH AVE. NO. NAPLES FL 33940

3. Date of Incorporation or Qualification: **05/14/1992** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0346819** 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **COWENS, FREDRICK M. 1057 5TH AVE. NO. NAPLES FL 33940**  
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 607.0507 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>COWENS, FREDRICK M.</b> 12.2 STREET ADDRESS: <b>1057 5TH AVE. NO.</b> 12.3 CITY, ST. ZIP: <b>NAPLES FL</b>		13.1 NAME: _____ 13.2 STREET ADDRESS: _____ 13.3 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: <b>COWENS, TERESA E.</b> 12.5 STREET ADDRESS: <b>1057 5TH AVE. NO.</b> 12.6 CITY, ST. ZIP: <b>NAPLES FL</b>		13.4 NAME: _____ 13.5 STREET ADDRESS: _____ 13.6 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: _____ 12.8 STREET ADDRESS: _____ 12.9 CITY, ST. ZIP: _____		13.7 NAME: _____ 13.8 STREET ADDRESS: _____ 13.9 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: _____ 12.11 STREET ADDRESS: _____ 12.12 CITY, ST. ZIP: _____		13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____ 12.14 STREET ADDRESS: _____ 12.15 CITY, ST. ZIP: _____		13.13 NAME: _____ 13.14 STREET ADDRESS: _____ 13.15 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME: _____ 12.17 STREET ADDRESS: _____ 12.18 CITY, ST. ZIP: _____		13.16 NAME: _____ 13.17 STREET ADDRESS: _____ 13.18 CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(k), Florida Statute. 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addendum with an address.

SIGNATURE: *Terresa Cowens* 4-28-95 813)261-1094  
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR