

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V35419

(3)

1. Corporation Name
SECRETS HAIR DESIGN, INC.



Principal Place of Business

**1913 S FRENCH AVE
SANFORD FL 32771**

Mailng Address

**1913 S FRENCH AVE
SANFORD FL 32771**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
05/08/1992

3a. Date of Last Report
05/01/1995

4. FFL Number
59-3123983

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

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.01(1)(a), 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. In accordance with said statute, the corporation is based in the State of Florida, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(1)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENTON, STANLEY E.	
STREET ADDRESS	5110 BRYANT AVE	
CITY, ST, ZIP	SANFORD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENTON, GILBERT S.	
STREET ADDRESS	5110 BRYANT AVE	
CITY, ST, ZIP	SANFORD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLEMING, CHARLES W.	
STREET ADDRESS	4705 HWY 427	
CITY, ST, ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**700001771677
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***200.00**

22 4.5

14. I do hereby certify that the information supplied on this form is true, correct, and does not qualify for the exemption stated in Section 199.07(3)(a), Florida Statutes. I further certify that the information on this form is not in compliance with any applicable federal, state, and local laws, and I certify that my signature shall have the same legal effect as if made under oath. This is an official filing of the Florida Department of State. Please refer to the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form. If changed, or corrected, it must be filed with this form.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (107) 324-9484

CR2E034 (12/95)