

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V60623 (8)**

1. Corporation Name
INNOVATIONS HAIR & NAIL SALON, INC.



Principal Place of Business: **1405 13TH ST. ST. CLOUD FL 34769**
Mailing Address: **1405 13TH ST. ST. CLOUD FL 34769**

3. Date Incorporated or Qualified: **08/28/1992**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: **911 Pennsylvania St. Cloud FL 34769**
2a. Mailing Address: **911 Pennsylvania St. Cloud FL 34769**

4. FEI Number: **59-3136580**
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
**JOHNSON, BRENDA L.
809 WISCONSIN AVE.
ST. CLOUD FL 34769**

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 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 registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRENDA L.	
STREET ADDRESS	809 WISCONSIN AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BIANCHI, DAVID T.	
STREET ADDRESS	231 WYOMING AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 IN 12

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Doug Johnson	
3.3 STREET ADDRESS	809 Wisconsin Ave	
3.4 CITY-ST-ZIP	St. Cloud FL 34769	
4.1 TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Teri Bianchi	
4.3 STREET ADDRESS	231 Wyoming Ave	
4.4 CITY-ST-ZIP	St. Cloud FL 34769	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Brenda L. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 407-892-8878
Date: (Date) (Telephone #)

CR2E034 (12/95)

5-1-96