

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

INCORPORATED  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

DOCUMENT # **654696** (4)

95 MAY -1 PM 2: 15

A-1 BEAUTY SHOP, INC.

1415 FIRST STREET  
KEY WEST FL 33040

2. Filing Agent Name: [Blank] 2a. Filing Agent Address: [Blank]  
21. Filing Agent Name: [Blank] 26. Filing Agent Address: [Blank]  
22. Filing Agent Name: [Blank] 27. Filing Agent Address: [Blank]  
23. Filing Agent Name: [Blank] 28. Filing Agent Address: [Blank]  
24. Filing Agent Name: [Blank] 25. Filing Agent Address: [Blank]

3. Date of Incorporation: **02/01/1980** 3a. Date of Last Report: **04/27/1994**  
4. FIF Number: **59-2101923**  
5. Certificate of Good Standing:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation is liable for intangible tax under § 196.02 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **RIGGS, NIDIA BORDERS, 2121 HARRIS AVENUE, KEY WEST FL 33040**  
10. Name and Address of New Registered Agent: [Blank]  
B1. Name: [Blank]  
B2. Street Address: [Blank]  
B3. [Blank]  
B4. City: [Blank] FL B5. Zip Code: [Blank]

11. I, the undersigned, the holder of this report, and I am a resident of the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation and the responsibility for the corporation's compliance with the Florida Statutes.

12. OFFICE OF REGISTERED AGENTS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
NAME: PD RIGGS, NIDIA BORDERS, 2121 HARRIS AVE, KEY WEST FL	1. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D COMLOH, BARBARA A, LOT 4, KEY WEST VILLAS, KEY WEST FL	2. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: AT HOFFMAN, JOANNA B., 2121 HARRIS AVENUE, KEY WEST FL	3. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	4. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	5. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	6. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	7. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	8. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	9. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	10. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	11. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	12. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	13. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	14. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	15. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	16. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	17. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	18. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	19. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	20. NAME: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition

**EXPIRES BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of good cause under Chapter 196 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. I am a resident of the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation and the responsibility for the corporation's compliance with the Florida Statutes, and that my name appears on the list of officers and directors of the corporation as of the date of filing this report as required by Chapter 196 Florida Statutes, and that my name appears on the list of officers and directors of the corporation as of the date of filing this report.

SIGNATURE: *Nidia Borders Riggs* 5-5-95 305-244-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICERS