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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

325611

(2)

Mailing Address

DOCUMENT #

Principal Place of Business

PRETTY GIRL BEAUTY SALON INC

4237 HOLLYWOODS BLVD. HOLLYWOOD FL 33021			LYWOODS BLVD. OD FL 33021				
				 Date Incorporated or Qualified 01/26/1968 	3a. Da	te of Last Report 02/17/1995	
2. Principal Place	of Business	2a. Mailing Add	dress	4, FEI Number		Applied For	
21		26		59-1231546		Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Cortificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes Yes	intangible No	tax under s. 199.032,	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81 Nam	iê			

FISHER, BARRY E. 2210 N. 53 AVE HOLLYWOOD FL 33021

	Trust Fund Contribution Added to Fees
ıntry	 This corporation has liability for intangible tax under s 199.032, Fiorida Statutes Yes ☐ No
ľ	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	Cib/ 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	ignature, typed or printed name of registered agent and title if a	nplicable. (NOT	E: Registered Agent signature recurred			
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	□ DELETE	1. 1 TITLE	☐ Change	Addition	
NAME	FISHER, HARLAN		1.2 NAME			
STREET ADDRESS	6710 NW 74 DRIVE		1.3 STREET ADDRESS			
CITY - S1 - ZIP	PARKLAND FL		1.4 CITY-ST-ZIP			
TOLE	Р	DELETE	2 1 TITLE	Change	■ Addition	
NAME	FISHER, BARRY E		2 2 NAME			
STREET ADDRESS	2210 N 53RD AVE		2 3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 00000		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			34 CITY-ST-ZIP			
TITLE		☐ DELĒTE	4 1 TITLE	Change	Addition 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		DEL ETE	6 1 THTLE	Change	☐ Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0.0000000000000000000000000000000000000		

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 logal effect as if made under cath; 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 13.4 shanged, or on an attachment with applications.

NING OFFICER OR DIRECTOR

Applied For Not Applicable