

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 345701 (7)  
1. Corporation Name  
D.F.D.T., INC.



Principal Place of Business: % HAIR DESIGN/INT'L MARRIOTT MARCO BEACH RESORT MARCO ISLAND FL 33937  
Mailing Address: % HAIR DESIGN/INT'L MARRIOTT MARCO BEACH RESORT MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 05/06/1969  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 59-1260944  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: GEATCHES, DONALD E, 29951 FULLERVILLE ROAD, DELAND FL 32720  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | P<br>GEATCHES, DONALD E<br>STAR RT 2, BOX 802A<br>DELAND FL              | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE: PRES<br>DONALD E Geatches<br>29951 Fullerville Rd<br>DELAND, FL 32720<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | V<br>GEATCHES, HAZEL F<br>909 SAN MARCO BLVD<br>MARCO ISLAND FL          | <input type="checkbox"/> DELETE                       | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | SEC. TREAS.<br>BETH GEATCHES<br>29951 FULLERVILLE RD<br>DELAND, FL 32720 | <input type="checkbox"/> DELETE                       | 3.1 TITLE: SEC. TREAS<br>BETH GEATCHES<br>29951 Fullerville Rd<br>DELAND, FL 32720<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Donald E Geatches DONALD E. GEATCHES 4/17/96 352 669-2782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)