

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. McArthur
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

05 MAY 11 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **545188** (5)

1. Corporation Name

DREW JAMES COIFFURES OF PLANTATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O JEAN ROBINSON
832 BROWARD MALL
PLANTATION-FL 33388-0001

3. Mailing Address
C/O JEAN ROBINSON
832 BROWARD MALL
PLANTATION-FL 33388-0001

3. Date Incorporated or Created **09/14/1977**
3a. Date of Last Report **02/18/1994**

21. Principal Place of Business
1045 HARRISON ST.
26. Mailing Address
1045 HARRISON ST.

4. FEI Number
59-1772025
Applied For
☐ Not Applicable

22. State of Inc. **FL**
27. State of Inc. **FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State
Hollywood FL
28. City & State
Hollywood FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. **33019** 25. **Broward** 29. **33019** 30. **Broward**

8. This Corporation has liability for interstate tax under the 1994 U.S. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**ROBINSON, JEAN
832 BROWARD MALL
PLANTATION FL 33338**

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 605, 606, and 607, 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 a registered agent of Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

1. NAME	VD LOIACONO, JOSEPH
2. STREET ADDRESS	13711 ROANOKE ST
3. CITY & STATE	DAVE FL
4. NAME	SPD ROBINSON, JEAN
5. STREET ADDRESS	1045 HARRISON ST
6. CITY & STATE	HOLLYWOOD FL
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	☐ Change ☐ Add New
2. STREET ADDRESS	
3. CITY & STATE	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY & STATE	

14. I, the undersigned, certify that the information submitted with this filing is substantially true and correct, and that I am duly qualified to file this report as required by Chapter 607, Florida Statutes. I further certify that the information submitted on the annual report or supplementary 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 of this report as an officer or director.

SIGNATURE: *Jean Robinson* **JEAN ROBINSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/94 (305) 477-1122
Toll Free 1-800-352-7777

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FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **547119** (8)

ACT I MODEL AND TALENT AGENCY, INC.

Principal Office Address
**1205 WASHINGTON AVE.
MIAMI BEACH FL 33139**

Mailing Address
**1205 WASHINGTON AVE.
MIAMI BEACH FL 33139**

APPROVED
JUNE 15 1995

JUNE 15 1995

STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1253 Washington Ave	2a. Mailing Address 26 1253 Washington Ave	4. FIC Number 59-1764487	3a. Date of Last Report 05/01/1994
22 # 214	27 # 214	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	25	29	30

9. Name and Address of Current Registered Agent MCKINLEY, MARGARET 1205 WASHINGTON AVE. MIAMI BCH. FL 33139		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number or Not Applicable)	83	84 City
	1253 Washington Ave		FL
	# 214		85 Zip Code

11. Pursuant to the provisions of Sections 222.01(1), (2), and 222.05(1), Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office in the State of Florida. Change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the duties of Sections 222.01(1), Florida Statutes.

SIGNATURE: _____

12. OFFICE CHANGES AND ADDITIONS		13. ADDITIONAL CHANGES TO OFFICE FES AND DEDUCTIONS IN F.	
NAME	P MCKINLEY, MARGARET	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	1103 FERDINAND ST	2. STREET ADDRESS	
CITY	CORAL GABLES FL	3. CITY	☐ Change ☐ Addition
STATE		4. STATE	
ZIP CODE		5. ZIP CODE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	☐ Change ☐ Addition
STATE		9. STATE	
ZIP CODE		10. ZIP CODE	☐ Change ☐ Addition
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	☐ Change ☐ Addition
STATE		14. STATE	
ZIP CODE		15. ZIP CODE	☐ Change ☐ Addition

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 222.01(1), Florida Statutes. I further certify that the information included on this filing is based on supplemental annual report and is accurate and that my signature shall have the same legal effect as if my name is on the filing. I am familiar with and accept the duties of the registered agent and that my signature shall have the same legal effect as if my name is on the filing. I am familiar with and accept the duties of the registered agent and that my signature shall have the same legal effect as if my name is on the filing.

SIGNATURE: *Margaret McKinley* 5/1/95 305-672-0200
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT