## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 580612

(0)

TANDE HAIRSTYLING, INC.

**SIGNATURE** 

Principal Plac 5700 GULF BLV ST PETERSBUR US		Mailing Address 9753 136TH ST N. SEMINOLE FL 33776-1430 US	0						
					3. Date Incorporated or Qualified 07/28/1978	3a. Date of t 01/29/19		rt	
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1844563	-	Applied For Not Applicable		
Suite, Apt	#, etc	Suite Apt. #. etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$!	5.00 May	у Ве	
Zip 24	Country 25	Z(p)	Count	ry	8. This corporation has liability for i		·		
	9. Name and Address of Curren		1301		10. Name and Address of New Re				
MOR	RIS, FRANCES GAIL	······································	8	1 Name				***************************************	
9753	136TH ST N INOLE FL 34646		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)			
DEMI	MULE PL 34040		8	3				**************************************	
			8	4 City		FL 85	Zip Code	e	
agent La SIGNATURE	im familiar with, and accept the obligi FRANCES GAIL HOL Signature typed or product care of nightered ago	ations of Section 607.0505, CRIS Transcription (N	Florida Statu OTE: Registered 13.	mi	tion's board of directors. I hereby acception's board of directors. I hereby acception acceptance acception acceptance acception acceptance accept	1/5/9	7		
Tillet			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ch Ch		Addition	
NAME	MODDIE FRANCES CAN		1.2 NAM				ango L	1 Vocilion	
STREET ADDRESS	9753 136 STREET, NORTH		1	ET ADDRESS					
CPTY-ST-7IP	SEMINOLE FL			· S1 - ZIP					
TITLE	Locate		2.1 1111			□ c	anne T	Addition	
NAME			2 2 NAM				gv	11.00.110.1	
STREET ADDRESS				E1 ADDRESS					
CITY-ST-7/P				-ST-ZIP					
TITLE		DELETE	3.1 7171.6			☐ Cr	iange	Addition	
NAME			3 2 NAM	£					
STREET ADDRESS			3.3 STRE	ET ADDRESS				-	
CITY-ST-ZIP			3.4. CITY	- ST - ZIP					
TITLE		☐ DELETE	4.1 TITE			Cr	ange 🗀	Addition	
NAME			4. 2 NAN	IE					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CHTY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITE			☐ Ch	ange	Addition	
NAME			5.2 NAM	£				ļ	
STREET ADDRESS			5.3 STRE	ET ADDRESS				ļ	
CITY-ST-7-P			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	61 TITUE			☐ Ch	ange	Addition	
NAME			6.2 NAM	Ε					
STREET ADDRESS			6.3 STRE	ET ADDRESS					

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Bytick 13 if changed, or on an attachment with an address

MA FRANCES GAIL MORRIS 1/5,