

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **598025 (5)**

1. Corporation Name
JAY'S HAIR DESIGNS, INC.



Principal Place of Business: **9911 NORTHWEST 60TH PLACE CORAL SPRINGS FL 33076**
Mailing Address: **9911 NORTHWEST 60TH PLACE CORAL SPRINGS FL 33076**

3. Date Incorporated or Qualified: **12/21/1978**
3a. Date of Last Report: **04/12/1995**
4. FET Number: **59-1680958**
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: **23040 SANDALFOOT PL. DE Boca Raton**
2a. Mailing Address: **6588 W. ATLANTIC AVE Delray Beach, FL**
21. State, Apt. #, etc.: **33428-6674**
22. City & State: **Boca Raton**
23. City & State: **Delray Beach, FL**
24. Zip: **33428-6674**
25. Country: **USA**
26. City & State: **Delray Beach, FL**
27. City & State: **Delray Beach, FL**
28. Zip: **33446**
29. Zip: **33446**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: **JACK PALEFSKY**
82. Street Address (P.O. Box Number is Not Acceptable): **6588 W. ATLANTIC AVE**
83. City & State: **Delray Bch FL**
84. Zip Code: **33446**

11. Pursuant to the provisions of Sections 607.0852 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 607.0705, Florida Statutes.

SIGNATURE: *[Signature]*
DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	PALEFSKY, JACK	
3. STREET ADDRESS	9911 NORTHWEST 60TH PLACE	
4. CITY - ST - ZIP	CORAL SPRINGS FL 33076	
5. TITLE	ST	<input type="checkbox"/> DELETE
6. NAME	PALEFSKY, CORRINE	
7. STREET ADDRESS	9911 NORTHWEST 60TH PLACE	
8. CITY - ST - ZIP	CORAL SPRINGS FL 33076	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	6588 W. ATLANTIC AVE	
4. CITY - ST - ZIP	DELRAY Bch, FL - 33446	
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS	6588 W. ATLANTIC AVE	
8. CITY - ST - ZIP	DELRAY Bch, FL - 33446	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Corrine Palefsky**

CR2E034 (12/95)