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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 598025

(5)

JAY'S HAIR DESIGNS, INC.

FILED Apr 25 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | t tollik fillik ikiki filli farin tibat diti grasi arasi arasi madir dibis pinci ia ni | | | |
|---|--|--|---|---------------------|--|--|--|--|
| 23040 SANDAL BOCA RATON | | - · · · · - · · · · · · · · · · · · | 8 W ATLANTIC AVE RAY BEACH FL 33446-1617 | | | | | |
| us Us | | | | | | 3. Date Incorporated or Qualified 12/21/1978 3a. Date of Last Report 02/16/1996 | | |
| 2. Principal Place of Business 2a. Mailing Addres | | | ······ | | | 4. FEI Number Applied For | | |
| et | | 26 | 26 | | | 59-1680958 Not Applicable | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | Certificate of Status Desired Sa.75 Additional Fee Required | | |
| Crty & State | | City & State | + - | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Co | untry | | 8. This corporation has liability for intaggible tax under s. 199.032, | | |
| 4 | 25 | 29 | 30 | | | Florida Statutes Yes No | | |
| | 9. Name and Address of Curi | reni Registered Agent | | \Box | | 10. Name and Address of New Registered Agent | | |
| PALEFSKY, JACK 6588 W ATLANTIC AVE | | | | 81 | Name | | | |
| | | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| DEL | RAY BEACH FL 33446 | | | | 0.000 | Todada (170. box 14d. lbc. lb 14d. lbcoptable) | | |
| | | | | 83 | | | | |
| | | | | 84 | City | Fi 85 Zip Code | | |
| 11 Purcuant | to the provisions of Sections 607.0 | 1602 and 607 1508 Elorida Statu | tas tha | bov/ | -named | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | Signature, typical or printed name of registered OFFICERS / | AND DIRECTORS | TE Register 13. | ed Age | nt signature | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | P | DELETE | 1,1 1 | 1.1 TITLE | | Change Addition | | |
| NAME | PALEFSKY, JACK | | 1.21 | IAME | | | | |
| STREET ADDRESS | 6588 W ATLANTIC AVE | | 1.3 \$ | STREET | ADDRESS | | | |
| CITY - ST - 7(F | DELRAY BEACH FL | | 1.40 | 1.4 CITY - ST - ZIP | | | | |
| LILTE | ST CALLETON CORPUS | ☐ DELETE | 211 | | | Change L Additio | | |
| NAME | PALEFSKY, CORRINE 6588 W ATLANTIC AVE | | | IAME | | | | |
| STREET ADDRESS | DELRAY BEACH FL | | 1 | | ADDRESS | | | |
| CITY - ST - ZIP | DECIMI DENOTITE | DELETE | 2.4 C/TY-S1 3.1 T/TLE | | ST-ZIP | ☐ Change ☐ Additio | | |
| TITLE (NAME | | F1 bittit | 1 | NAME | l | C thange D Addition | | |
| name Street aduress 1 | | | | | ADDRESS | | | |
| OTY-ST-71P | | | | | MUUNESS ST-ZIP | | | |
| THE | | DELETE | | ITLE | >) - £14 | Change Additio | | |
| NAME | | **** | | NAME | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY - S1 - ZIP | | | | CITY-S | | | | |
| TITLE | | ☐ DELETE | 511 | | | Change Additio | | |
| NAME | | | 521 | NAME | | | | |
| STREET ADDRESS | | | 53: | STAEET | address | | | |
| CITY-S1 Zd* | | | 5.4 (| HTY-S | T-21P | | | |
| TITLF | | DELETE | 6.11 | ITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 6.2 | NAME | | | | |
| STHEFT ADDRESS | | | 6.3 3 | STREET | ADDRESS | | | |
| Cify · SI - ZiP | | | 640 | HTY-S | T-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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Fhorie #

Date