

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 # 629105 (8)

1. Corporation Name

SPARE HAIR, INC.



Principal Place of Business

Mailing Address

11611 S W 88TH ST  
MIAMI FL 33176-1004

11611 S W 88TH ST  
MIAMI FL 33176-1004

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/09/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2018115

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12705 S.W. 95 Court

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
LONEY, PETER  
STREET ADDRESS 11611 S W 88TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D  
SEELEY, FRANCOISE  
STREET ADDRESS 11611 S W 88TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME  
12 STREET ADDRESS  
13 CITY-ST-ZIP

☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY-ST-ZIP

☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-ST-ZIP

☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 CITY-ST-ZIP

☐ Change ☐ Addition

71 NAME  
72 STREET ADDRESS  
73 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 305-274-1166

Date

Telephone Number

CR2E034 (12/95)