

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:04

DOCUMENT # 635893 (1)

1. Corporation Name
ADAM N' EVE HAIR DESIGN, INC.

Principal Place of Business Mailing Address
3000 UNIVERSITY DRIVE 3000 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1979
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1934730 Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

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

23. Zip 28. Zip

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTE, FRANCO
3000 UNIVERSITY DRIVE
SUITE H
CORAL SPRINGS FL 33065

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

above-named corporation submits this statement for the purpose of changing its registered office the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

(Signature typed or printed name of registered agent and fee if applicable) DATE

(Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CONTE, FRANCO
STREET ADDRESS	9756 W. SAMPLE RD.
CITY ST ZIP	CORAL SPRINGS FL
TITLE	D
NAME	CONTE, SUSANNA M.
STREET ADDRESS	9756 W. SAMPLE RD.
CITY ST ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 hereon, or on an attachment with an address

and does not qualify for the exemption stated in Section 199.01(3)(b), Florida Statutes. I further 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 appears in Block 12 or Block 13 hereon, or on an attachment with an address

SIGNATURE:

Francisco Conte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

Date

Division File No.