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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

1	JAL REPORT 1997	7.7	Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCU	MENT # 635893	3 (1)							
,	I' EVE HAIR DESIGN, INC.	\ /							
) LEGILO BIRAT INNO CONGLIGIO DE PERSONALIO		1111111111	
Principal Plac	e of Business	Mailing Address							
3000 UNIVERSI CORAL SPRING	ITY DRIVE	3000 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-5055		3					
4		•				3. Date Incorporated or Qualified 09/01/1979	3a. Date of Last F 04/18/1996	Report	
2, Principa F	lace of Business	2a. Mailing Address 26				4. FEI Number 59-1934730	A	pplied For ot Applicable	
Suite, Apt	#, elc	Suite, Apt. #, etc.	-			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7ip	Country 25	Country Zip Co			Country 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent CONTE EDANCO 81 Name					Name	10. Name and Address of New Re	gistered Agent		
	NTE, FRANCO O UNIVERSITY DRIVE				1				
SUITE H				62	Street Addr	ess (P.O. Box Number is Not Acceptab	ле)	i	
CORAL SPRINGS FL 33065				83	:				
İ			Ī	B4	City		FL 85 Zip	Code	
11. Pursuant office or ragent if a	to the provisions of Sections 607.05 registered agent, or both, in the State an familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida Such change was au ations of, Section 607.0505, Flor	s, the about horized ida Statu	ove by ites	-named corp the corporati	oration submits this statement for the pion's board of directors. I hereby accept		its registered s registered	
SIGNATURE	Signature: Typed or printed name of registered ag	ent and title it applicable. (NOTE:	Registered .	Ager	ni signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
THE	PD CONTE EDANICO	☐ DELETE	1.1 TiTk				Change	Addition	
NAME	CONTE, FRANCO 9756 W. SAMPLE RD.		1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL		1.3 STR		ADDRESS			ł	
TITLE	D	DELETE	2.1 141		-211		☐ Change	Addition	
NAME.	CONTE, SUSANNA M.			ME			•	1	
STREET ADDRESS	9756 W. SAMPLE RD.		23 STA	IEET I	ADDRESS				
City+S1-ZiP	CORAL SPRINGS FL			Y · S	T-ZIP				
TILE			3.1 1111]		L_ Change	☐ Addition	
NAME CERTS LANGUAGE		•	3.2 NAN		ADDDECC				
STREET ADDRESS CITY-ST-ZIP			3.4. CIT		ADDRESS			ļ	
THE				LE .		Chang			
NAMÉ.			4. 2 NA	ME]	
STREET ADDRESS			4 3 STR	IEET A	ADDRESS				
CITY - S1 - ZIF		P.B. Park	4.4 CIT		-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 1 50	1 1 1 1 2 2 2 2 2	
TILE		☐ DELETE	5.1 TITL				L Change	∐ Addition	
NAM: STREET ADDRESS			5.2 NAN		ADDRESS (]	
CHY-ST-ZIP			5.4 CIT		1				
Tillf		DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NAX	ME	1	•		1	
STHEET ADDRESS			6.3 STR	REET	address			ļ	
CITY . C1 . 740	1		64 CiT	v. e1	n dist)			ŀ	

14. It 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 larn 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.

FILED

Apr 28 1997 8:00am