

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 655778 (9)
1. Corporation Name
CINDY'S BEAUTY SALON, INC.



Principal Place of Business: **4550 JONESBORO ROAD UNION CITY GA 30291**
Mailing Address: **4550 JONESBORO ROAD UNION CITY GA 30291**

3. Date Incorporated or Qualified: **02/13/1980**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **59-1997323**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **JOHNSON, OLIVER 2560 N ST RD 7 LAUDERDALE LAKES FL 33313**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: *Oliver Johnson* **OLIVER JOHNSON** OWNER **4/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JOHNSON, CYNTHIA	1.1 TITLE	
STREET ADDRESS: 110 SCARLETT OAK WAY	CITY-ST-ZIP: FAIRBURN GA	1.2 NAME	
TITLE: VTM	NAME: JOHNSON, OLIVER	1.3 STREET ADDRESS	
STREET ADDRESS: 110 SCARLETT OAK WAY	CITY-ST-ZIP: FAIRBURN GA	1.4 CITY-ST-ZIP	
TITLE:	NAME:	2.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP	
TITLE:	NAME:	3.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE:	NAME:	5.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Oliver Johnson* **OLIVER JOHNSON** **4/12/96** (770) 969-4246

CR2E034 (12/95)