

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F22428** (9)

1. Corporation Name
CONTOURS HAIR STUDIO, INC.

Principal Place of Business Mailing Address
3515 N.PINE ISLAND RD. SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/06/1981** 3a. Date of Last Report **10/05/1994**

2. Principal Place of Business 2a. Mailing Address
21 **10042 W. OAKLAND PARK BLVD** 26 **10042 W. OAKLAND**
Suite, Apt. #, etc. Suite, Apt. #, etc. **PARK BLVD.**

4. FEI Number **59-2057039** Applied For
Not Applicable

22 City & State **SUNRISE FL** 27 City & State **SUNRISE FL**

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

23 Zip **33351** Country 28 Zip **33351** Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARONSON, DAVID
10954 N.W. 4TH ST
CORAL SPRINGS FL 33071

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **ARONSON, DAVID**
STREET ADDRESS **3515 N.PINE ISLAND RD.**
CITY-ST-ZIP **SUNRISE FL**

1.1 TITLE Change Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **ARONSON, DAVID**
1.4 CITY-ST-ZIP **10042 W. OAKLAND PK BLVD. SUNRISE FL 33351**

TITLE **D**
NAME **SCHULMA, ART**
STREET ADDRESS **16842 GOLFVIEW DRIVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 unchanged, or on an attachment with an address.

SIGNATURE: David Aronson **David Aronson** 4/10/95 **305-7414002**
Signature and Typed or Printed Name of Signing Officer or Director (Date) (Phone #)