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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

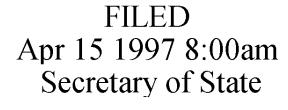
(0)

DIMENSIONAL HAIR, INC.

Principal Place of Business

Mailing Address

2014C W WATERS AVE





C/O DOLORES	B M. ALONSO	C/O DOLORES N TAMPA FL 33604	A. ALONSO			
s			•		3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last Report 03/08/1996
2. Principal P	lace of Business	2a. Mailing Addr	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2093871	Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22]		27			- Commente di Gialdo Debilos	Fee Required
City & State		City & State	<del> </del>		6. Election Campaign Financing	\$5.00 May Be
23	Zip Country		Zip Country		Trust Fund Contribution Added to Fees	
24	25	29	30	cary	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<u> </u>	9. Name and Address of Cu		30	, . <u>.</u>	10. Name and Address of New Re	
	ONSO, DOLORES M.			81 Name		•
221-C W.WATERS AVE.				00 00-14	(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
	IPA FL 33604			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ile)
				83		
er de esta				0.0		
				84 City		FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Floric itate of Florida. Such chan- bligations of, Section 607.	la Statules, the ab ge was authorized 0505, Florida Stat	pove-named or d by the corpo utes.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if amplicable.	(NOTE: Registered	1 Agent signature re	quired whon reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	D£	LETE 1.1 TI	l E		Change Addition
NAME	ALONSO, DOLORES M		1.2 N/	MF		
STREET ADDRESS	221-C W.WATERS AVE.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000			IY-ST-ZIP		
TITLE		☐ DE	LETE 21 TUT	ILE.		Change Addition
NAME			2 2 NA	ME		
STREET ADDRESS			2351	REET ADDRESS		
CITY-ST-2IP				TY-S1-ZIP		
TITLE	•	□ DE	1			Change Addition
NAME			3.2 NA			
STREET ADDRESS	i		1	REET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	DE		TY - S1 - ZIP		Change Addition
NAME		[] (AL	4.1 III			Change Addition
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP						
TITLE	<del></del>	☐ DE		IY-S1-ZIP		Change Addition
NAME			5.2 NA			E outside E vadition
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP	•	
TITLE		DE				Change Addition
NAME			6.2 NA			L orango LJ modition
STREET ADDRESS				HEET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
M11-01-54			■ <b>04</b> UI	1-91-Zir		

14. I 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 ahnual 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 attachmost with an address.