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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Walter B. Nathan
Secretary of State
TALLAHASSEE, FLORIDA

DOCUMENT # F57053 (3)

1. Corporation Name
DIANA'S HAIR MASTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% DIANA WOERNER, 137 BILBAO ST., RAYAL PALM BEACH FL 33411**
 Mailing Address: **% DIANA WOERNER, 137 BILBAO ST., RAYAL PALM BEACH FL 33411**

3. Date incorporated or Qualified: **12/03/1981** 3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business: **21** 2b. Mailing Address: **26** 4. FID Number: **59-2144992** Applied For: Not Applicable:

22. State App # etc: **22** 27. County App # etc: **27** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **23** 28. City & State: **28** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **24** 25. County: **25** 29. Zip: **29** 30. County: **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: **WOERNER, DIANA ROSE, 3992 10 AV N & KIRK RD., LAKE WORTH FL 33461**
 10. Name and Address of New Registered Agent: **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 605.084, 605.085 and 605.087, 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 605.084, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TYPE: P	WOERNER, DIANA ROSE, 3992 10 AV N & KIRK RD., LAKE WORTH, FL 00000	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE: ST	MORELLI, MARGARET ANN, 3992 10 AV N & KIRK RD., LAKE WORTH, FL 00000	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE: D	WOERNER, HARRY JAMES, 137 BILBAO ST, ROYAL PALM BCH., FL 00000	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption outlined in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report is a true and accurate representation of the corporation's financial condition and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of filing this report as required by Chapter 605, Florida Statutes, and that my name appears in Block 1, of this filing. I am not a registered agent for this corporation.

SIGNATURE: *[Signature]* -x- 4/59/95 x 793-2331