

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

APPROVED AND FILED

95 APR 18 PM 7:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # F69243 (6)

1. Corporation Name
SEBASTIAN HAIRSTYLING, INC.

Principal Place of Business
% EDWARD BRUCE ADLER
1323 N CENTRAL AVENUE
SEBASTIAN FL 32968

Mailing Address
% EDWARD BRUCE ADLER
1323 N CENTRAL AVENUE
SEBASTIAN FL 32968

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1982** **3a. Date of Last Report** **04/01/1994**

4. FEI Number **59-2167738** **Applied For**
Not Applicable

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

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

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

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent

ADLER, EDWARD BRUCE
1323 N CENTRAL AVENUE
SEBASTIAN FL 32968

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **B5** Zip Code **FL**

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

S

TITLE **ALDER, WILMA DOROTHY**

NAME **1323 N CENTRAL AVE**

STREET ADDRESS **SEBASTIAN, FL 00000**

CITY - ST - ZIP

DP

TITLE **ADLER, EDWARD BRUCE**

NAME **1323 N CENTRAL AVE**

STREET ADDRESS **SEBASTIAN, FL 00000**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Change Addition

2 Change Addition

3 Change Addition

4 Change Addition

5 Change Addition

6 Change Addition

7 Change Addition

8 Change Addition

9 Change Addition

10 Change Addition

11 Change Addition

12 Change Addition

13 Change Addition

14 Change Addition

15 Change Addition

16 Change Addition

17 Change Addition

18 Change Addition

19 Change Addition

20 Change Addition

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 110.07(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: *Edward B. Adler* **EDWARD B. ADLER** **4/12/95** **407-589-7875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR