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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004975 (7)**

1. Corporation Name
MEDICAL HAIR INSTITUTE, INC.

Principal Place of Business	Mailing Address
8551 WEST SUNRISE BLVD., STE. 303 PLANTATION FL 33322	8551 WEST SUNRISE BLVD., STE. 303 PLANTATION FL 33322

3. Date Incorporated or Qualified: 10/12/1995
3a. Date of Last Report:

4. FEI Number: 65-0606154 ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WOLAVER, KNOX JR.
8551 WEST SUNRISE BLVD., STE. 303
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: JOHN R. GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 2121 W. Oakland Park Blvd
83 Suite 396
84 City: FT. Lauderdale FL 85 Zip Code: 33311

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: John R. George (Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required for filing.) DATE: 5-9-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO FADEN, MAC 8551 WEST SUNRISE BLVD., STE. 303 PLANTATION FL 33322 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP ALEA, MICHAEL DR. 6670 SW 69TH LANE SOUTH MIAMI FL 33143 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLUDO, RONALD DR. 1515 N. FEDERAL HWY., STE. 309 BOCA RATON FL 33432 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WOLAVER, KNOX JR. 8551 WEST SUNRISE BLVD., STE. 303 PLANTATION FL 33322 ☐ DELETE	4.1 TITLE: SECRETARY / 4.2 NAME: JOYCE HANCOCK / 4.3 STREET ADDRESS: 404 NW 68TH AVE. / 4.4 CITY-ST-ZIP: PLANTATION, FL. 33317	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEORGE, JOHN R 2121 W. OAKLAND PARK BLVD., STE. 396 FT. LAUDERDALE FL 33311 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(i), 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: Mac Faden - MAC FADEN - Chairman 4-26-96 954-423-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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