

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G59217** (1)

1. Corporation Name

**THE HAIRBENDERS SALON, INC.**



Principal Place of Business

1992 N. NOVA ROAD  
HOLLY HILL FL 32117  
US

Mailing Address

1992 N. NOVA ROAD  
HOLLY HILL FL 32117  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/12/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2354335

Applied For

Not Applicable

5. Certificate of Status Desired

with married name

\$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

9. Name and Address of Current Registered Agent

SMITH, CHARLOTTE ANN  
THE ANATOLE APTS #606  
1690 DUNN AVE  
DAYTONA BCH FL 32114-8476

10. Name and Address of New Registered Agent

81 Name **COURTEAUX, CHARLOTTE ANN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**315 COQUINA AVE**  
83  
84 City **ORMOND BCH** FL 85 Zip Code **32174**

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

*Charlotte Ann Courteaux*

DATE **4/15/96**

Signature typed or printed in line of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHARLOTTE	
STREET ADDRESS	1690 DUNN AVE #606	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHARLOTTE	
STREET ADDRESS	1690 DUNN AVE #606	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COURTEAUX, CHARLOTTE	
1.3 STREET ADDRESS	315 COQUINA AVE	
1.4 CITY-ST-ZIP	ORMOND BCH, FLA 32174	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COURTEAUX, CHARLOTTE	
2.3 STREET ADDRESS	315 COQUINA AVE	
2.4 CITY-ST-ZIP	ORMOND BCH, FLA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed or on an attachment with an address.

SIGNATURE:

*Charlotte Ann Courteaux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/96**

W. 904-672-3311

Daytime Phone # **904-173-2855**

CR2E034 (12/95)