

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H10517 (1)

1. Corporation Name
ACT III HAIR STUDIO, INC.



Principal Place of Business

3831 SE 13TH AVE
P.O. BOX 613
CAPE CORAL FL 33910

Mailing Address

3831 SE 13TH AVE
P.O. BOX 613
CAPE CORAL FL 33910

3. Date Incorporated or Qualified
07/02/1984

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-2444569

Applied For
Not Applicable

Subs. Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, PATRICIA L.
3831 S.E. 13TH AVE.
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 Zip Code

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

Patricia Ryan Sec

1-17-95

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PDS
KRAUSE, JAMES
3831 S.E. 13TH AVE.
CAPE CORAL FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

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2. NAME

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4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 included in this annual report or supplementary 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 registered 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Ryan

1/17/95

(941) 542-0493

CR2E034 (12/95)