

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H69141

(0)

1. Corporation Name

IMPRESSIONS HAIR SALON, INC.

Principal Place of Business

940 HIGHLAND AVE
ORLANDO FL 32853

Mailing Address

P. O. BOX 533983
ORLANDO FL 32853-3983
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BARRETT, RICHARD LEE
940 HIGHLAND AVE
ORLANDO FL 32803

81. Name

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

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

08/01/1985

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2577314

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person making this report (if the corporation is not a corporation)

Signature of the person making this report (if the corporation is a corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
ARNETT, ROBIN K.
STREET ADDRESS 27943 LAKE JEM RD.
CITY-ST-ZIP MT. DORA FL 32757

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition

14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ Change ☐ Addition

18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

14. I do hereby certify that the information supplied within this form is true and correct and does not qualify for the exemption stated in Section 119.07(3)(c), 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 or person 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Arnett

2/18/96

407 774-6660

CR2E034 (12/95)