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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H74426

(8)

G.K. HAIR DESIGN, INC.

FILED	
Apr 11 1997 8:00am]
Secretary of State	

-	DININ NUMBER	Bight Blatt Gil	

% KENNETH W	e of Business V. RICHMAN. JR. BAY BLVD., SUITE 405 983	SUITE 206	ddress EN GATE PKW . 34105-3203	Y			3. Date Incorporated or Qualified		te of Last f	
							09/03/1985	04/04/1996		
2. Principal P	Place of Business	2a. Mailin	g Address			, , , , , , , , , , , , , , , , , , ,	4. FEI Number 59-2671730		├	pplied For ot Applicable
Suite, Apt	#, etc		Apt. #, etc.	~*************************************			5. Certificate of Status Desired			Additional equired
City & Stat	ic.	City 8	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ 24	Country 25	Z(p		30	ntry		This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New R	egistered A	Agent	
	HMAN, KENNETH W., JR.				81	Name				
	0 Golden gate parkway Te 208				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
NAP	PLES FL 39942				83					
					84	City		EI	65 Zip	Code
12. Title	Security Synd or printed nems of registered a OFFICERS A	agent and title if applicat ND DIRECTORS	DELETE	TE: Registered		nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO Change	RS IN 12
NAME STREET ADORESS	KRIBERSCHECK, GERARD J. 3287 BOCA CIEGA DR		panyal products the	1.2 NA	AME	ADDRESS				/ Boshull
CHY-S1-ZIF	NAPLES FL			1.4 CI		1				
TILLE	D		DELETE	2.1 TI					☐ Change	Addition
NAME	KRIBERSCHECK, INGE H.			2.2 N/	AME					
STHEET ADDRESS	3287 BOCA CIEGA DR			2.3 ST	REFT	ADDRESS				
CHY+S1+70P	NAPLES FL		DELETE	2. 4 C	_	ST-ZIP	*1		Change	Addition
MILE NAME			C VELETE	3.1 III 3.2 NA					creatige	L_I Audition
STREET ADDRESS						ADDRESS				
CHY-S1-70P						ST - ZIP				
1011f			DELETE	4.1 TO	TLE				Change	Addition
				_	14146	Ì				
NAMŁ				4. 2 N						
STREET ADDRESS				4.3 ST	TREET	ADDRESS				
STREET ADDRESS CITY ST. ZIP			DFLETE	4.3 ST 4.4 CI	TREET	\		···	Channe	Addition
STREET ADDRESS			☐ DELETE	4.3 ST	TREET TY-S	\			Change	Addition
STREET ADDRESS CITY ST. ZIP TITLE			☐ DELETE	4.3 ST 4.4 CI 5.1 TO 5.2 NA	TREET TY-S TLE AME	\		·	Change	Addition
STREET ATORESS CITY_ST_ZIP TITLE NAME			☐ DELETE	4.3 ST 4.4 CI 5.1 TO 5.2 NA	TREET TY-S TLE AME TREET	T-ZIP ADDRESS			Change	Addition
STREET ADDRESS ONLY ST. ZIP TITLE NAME STREET ADDRESS			DELETE	4.3 ST 4.4 CI 5.1 TO 5.2 NA 5.3 ST	TREET TLE AME TREET TY-S	T-ZIP ADDRESS			Change	Addition
STREET ADDRESS CITY ST. ZP TITLE NAME STREET ADDRESS CITY ST-ZIP				4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 SI 5.4 CI	TREET TLE AME TREET TY-S TLE	T-ZIP ADDRESS				
STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP				4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 SI 5.4 CI 6.1 TI	TREET TY-S TLE AME TREET TY-S TLE AME	T-ZIP ADDRESS				

The increase certain was me mormation supplied with his animal report or the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this animal 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: