

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

CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 53

DOCUMENT # H99156 (2)
 1. Corporation Name
NEW TREND HAIR DESIGNERS, INC.

Principal Place of Business Mailing Address
C/O SUSAN E. HARRELL **C/O SUSAN E. HARRELL**
7563 UNIVERSITY BLVD. **7563 UNIVERSITY BLVD.**
WINTER PARK FL 32782 **WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **02/13/1986** 3a. Date of Last Report **02/01/1994**
 4. FEI Number **59-2630675** 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
 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, SUSAN E.
1431 BAHIA AVENUE
ORLANDO FL 32807

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALLEN, SUSAN E. 1431 BAHIA DR. 1252 Flowers Pointe Lane ORLANDO FL ORLANDO FL	1. TITLE 17. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	DP SUSAN ALLEN 1252 Flowers Pointe Lane ORLANDO FL 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KIRK, AMI 3239 GINGER CIRCLE ORLANDO FL	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SKELTON, ZANETTA WENGER 1212 VONPHISTER AVE. KEY WEST FL	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 unchanged, or on an addition, with an address.

SIGNATURE: Susan Allen 5/19/95 407 6785412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (System Form 5)