

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 # **H99156** (2)

1. Corporation Name
NEW TREND HAIR DESIGNERS, INC.



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

3. Date Incorporated or Qualified: **02/13/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2630675**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. Zip, Country
30. Zip, Country

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
81. Name: **SUSAN E ALLEN**
82. Street Address (P.O. Box Number is Not Acceptable): **1252 Flowers Pointe Ln.**
83. City, State, Zip: **ORLANDO FL 32825**
84. City, State, Zip Code: **FL 85 3**

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: **SUSAN E. ALLEN** DATE: **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALLEN, SUSAN	
STREET ADDRESS	1252 FLOWERS POINTE LANE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KIRK, AMI	
STREET ADDRESS	3239 GINGER CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SKELTON, ZANETTA WENGER	
STREET ADDRESS	1212 VONPHISTER AVE.	
CITY-STATE-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV SKELTON ZANETTA WENGER
3.3 STREET ADDRESS	R#2 Box 552C
3.4 CITY-STATE-ZIP	Summerland Key FL 33042
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 certifies 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: **Susan E Allen** DATE: **1/30/96** 407 6785412

CR2E034 (12/95)