

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90017 012 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H99156**  
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>New Trend Hair Designers</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>New Trend Hair Designers</b> Suite, Apt. #, etc.
22 <b>7563 University Blvd</b> City & State	27 <b>7563 University Blvd</b> City & State
23 <b>Winter Park FL</b> Zip Country	28 <b>Winter Park FL</b> Zip Country
24 <b>32792</b>	29 <b>32792</b> 30

3. Date Incorporated or Qualified <b>02/13/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2630675</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ALLEN, SUSAN E.**  
**1252 FLOWERS POINTE LANE**  
**ORLANDO FL 32825**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, SUSAN	1.2 NAME	
STREET ADDRESS	1252 FLOWERS POINTE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, AMI	2.2 NAME	
STREET ADDRESS	3239 GINGER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, ZANETTA WENGER	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 552C	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Allen **SIGNATURE REQUIRED** Date: 1/27/99 Daytime Phone #: 407(678-5412)

CR2E034 (1/98)