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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

SIGNATURE:

J07364

(9)

HAID	MOW	OF I	LONDON.	INC
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	HAIR NOW O	F LONDON, INC.										
Pri	ncipa' Place of Busin	ess	Mailing Addr	ess	*** =·····			1	8f81 8/8/1 818		11814 01011 01011 1001	
	568 REXFORD R OCA RATON FL 3343	34	7568 REXFO BOCA RATO	ord r On FL 33434								
								3. Date Incorporated or Qualified 04/02/1986	l l		ist Report 1 995	
21	Principal Place of Bu	usiness	2a. Mailing A	ddress				4. FEI Number 65-0091841			Applied For Not Applicable	-
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additiona Fee Required				
23	City & State	City & State						6. Election Campaign Financing Trust Fund Contribution S5.00 Added 1				
	Zip	Country 25	Z _I p	Z _I p Cou				8. This corporation has liability for intangible tax una Florida Statutes				
9. Name and Address of Current Registered Ag			and the second and th					10. Name and Address of New Registered Agent				
					81	ijij	Name					
WEISSBLATT, HENRY 7568 REXFORD RD. BOCA RATON FL 33434					82	2 3	Street Addres	ss (P.O. Box Number is Not Acceptal	ole)			
					83	1						-
					84	1	City		FL	85	Zip Code	-
11.	 or registered agent 	ovisions of Sections 607.0 , or both, in the State of F ocept the obligations of, S	korida. Such change w	as authorized by th	ie cout apone	nar	med corporat alion's board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of cha ointment as	anging regist	its registered office ered agent. I am	е
SIC	SNATURE	pool or printed name of registered a	agnot and the it applicable	NO'6 Reast	ered Age	rr si	ignature required v	sheo reins (aben)	DATE			
12.			AND DIRECTORS		3.			ADDITIONS/CHANGES TO OFF		DIRE	CTORS IN 12	\exists
TITL	E PTD				1 TITLE		·· T			Cha		
NAN	1E WEIS	SBLATT, HENRY		1	2 NAME							
STREET ADDRESS 7568 REXFORD RD			1		1.3 STREET ADDRESS							
CITY		BOCA RATON FL 33434				DITY-ST-ZIP						
THL				DELFTE 2	1 TITLE				[Cha	inge 🔲 Addition	
NAN				5.5 M		2.2 NAME						
STREET ADDRESS 7568 REXFORD RD			238		2 3 STREET ADDRESS						i	
		BOCA RATON FL 33464			2.4 CHY-		ZIP	☐ Change			(7) Addisin	
TITL						3 1 TITLE			L	Una	inge 🔲 Addition	
NAME STHEET ADDRESS			•	3.2 NAME 3.3 STREET ADDRESS		DODG DC						
_	CITY-S1-7IP		····			4 CITY - S1 - ZIP				Cha	inge Addition	-
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TITL				i. 1 TITLE					Cha	inge 🔲 Addition		
NAN	1E	5.2		5.2 NAME								
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	7-\$1-7IP				4 CITY - 1		ZIP			- Cha	one Daddien	4
TITL				P 1	1 TITLE				ι	Cha	inge	
NAME STORES ADDRESS				. 62 NAME		-varec						
STREET ADDRESS				6.3 STREFT ADDRESS 6.4 CHY-ST-ZIP							ł	
	7-ST-7IP . I do hereby certify t	that the information spool	ied with this filma is vol	untarily furnished a	nd doe	es r	not qualify for	the exemption stated in Section 119	.07(3)/k) Fid	orida S	statutes. I further	
	 certify that the infor oath; that I am an o 	mation indicated on this e officer or director of the co 2 or Block 13 if clyinged,	annual report or supple orporation or the receiv	imental annual repo er or trustee empo	ort is tri wered	ue I to	and accurate execute this	and that my signature shall have the report as required by Chapter 607, F	same legal lorida Statut	effect es; an	as if made under d that my name	

MAT LAST NAME OF SIGNING OFFICER OF DIRECTOR

467 483-6790 Daytinie Priore #