

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J34667** (2)

1. Corporation Name

34TH STREET HAIR EXCHANGE, INC.

Principal Place of Business

5075 34TH ST. S
BAY PT PLAZA, STE 9
ST PETERSBURG FL 33711

Mailing Address

5075 34TH ST. S
BAY PT PLAZA, STE 9
ST PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/24/1986

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2740749

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALKINS, TERESA
4400 44TH ST S
ST PETERSBURG FL 33711

81 Name

Britto, Annette

82 Street Address (P.O. Box Number is Not Acceptable)

5001 LANSING ST

83

84 City

St. Petersburg

FL

85 Zip Code

33703

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

Annette Brito
Signature, typed or printed name of registered agent and title if applicable.

ANNETTE BRITO Pres/Sec.

X

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CALKINS, TERESA
STREET ADDRESS	4400 44TH ST. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V
NAME	BERGER, DAVID
STREET ADDRESS	919 59TH AVE.
CITY-ST-ZIP	ST. PETERSBURG BEACH FL
TITLE	S
NAME	BRITO, ANNETTE
STREET ADDRESS	5001 LANSING ST
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	T
NAME	RODRIGUEZ, ANTHONY A.
STREET ADDRESS	919 59TH AVE.
CITY-ST-ZIP	ST. PETERSBURG BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PLS	☒ Change ☐ Addition
1.2 NAME	Britto, Annette	
1.3 STREET ADDRESS	5001 LANSING ST.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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, if changed, or on an attachment with an address.

SIGNATURE: X

Annette Brito
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number