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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J74861 (2)

1. Corporation Name

~~HAIR PRODUCTIONS, INC.~~  
HAIR INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~476 S. HIGHWAY 17-92~~  
~~LONGWOOD FL 32750~~

~~476 S. HIGHWAY 17-92~~  
~~LONGWOOD FL 32750~~

JAMES T. FISHER  
454 QUEENSBRIDGE DR.  
LAKE MARY, FL 32746-6443

JAMES T. FISHER  
454 QUEENSBRIDGE DR.  
LAKE MARY, FL 32746-6443

2. Principal Place of Business

2a. Mailing Address

21 454 QUEENSBRIDGE DR.

26 454 QUEENSBRIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE MARY FL 32746

28 LAKE MARY FL

Zip Country

Zip Country

24 32746 25 SEMINOLE

29 32746 30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, MONICA  
176 S. HIGHWAY 17-92  
LONGWOOD FL 32750

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FISHER, MONICA  
STREET ADDRESS 454 QUEENSBRIDGE DRIVE  
CITY-ST-ZIP LAKE MARY FL

TITLE VD ☐ DELETE

NAME HOLDER, LYNN  
STREET ADDRESS 2946 DIVISION STREET  
CITY-ST-ZIP OVEIDO FL

TITLE VTSD ☐ DELETE

NAME FISHER, JAMES  
STREET ADDRESS 454 QUEENSBRIDGE DR  
CITY-ST-ZIP LAKE MARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. FISHER

3/21/96

407-323-6099

Daytime Phone #

CR2E034 (12/95)