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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MA

Country

83

13.

1.1 TITLE

1.2 NAME

1997

2, Principal Place of Business

Suite Apt # etc

TONCE

FISHER, MONICA

178 S. HIGHWAY 17-92 LONGWOOD FL 32750

FISHER, MONICA

City & State

12.

THE

NAME

DOCUMENT # J74861

(2)

2a. Mailing Address

City & State

1:5090

VIXFORD

DELETE

HAIR INVESTMENTS, INC.

4777 Sown Allawisc. AVE

Country

25 U.S.A. 29 1:50% (9. Name and Address of Current Registered Agent

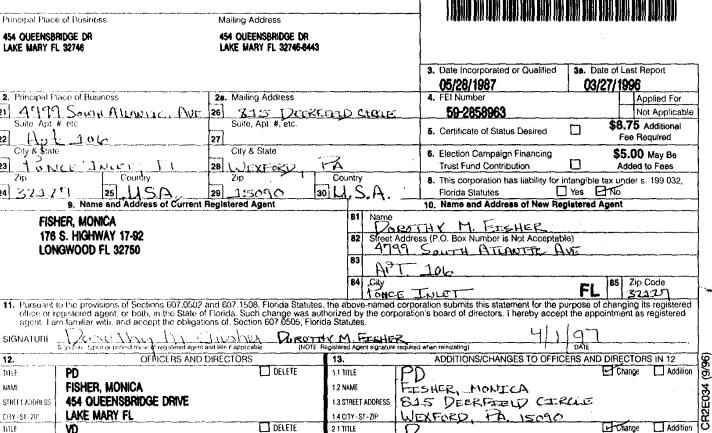
as Typica or printed name of registered agent and little if applicable

OFFICERS AND DIRECTORS

Principal Place of Business Mailing Address	154 OUEENSBRIDGE DR LAKE MARY FL 32746	454 QUEENSBRIDGE DR LAKE MARY FL 32746-6443	
	Principal Place of Business	Mailing Address	

26

FILED Apr 10 1997 8:00am Secretary of State



454 QUEENSBRIDGE DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL 1.4 CITY - ST-ZIP CHY-ST-7IP DELETE 2.1 TITLE TITLE HOLDER, LYNN HOLDER, LYNN 22 NAME NAME STREET ADDRESS 2948 DIVISION STREET 2.3 STREET ADDRESS 247 TOMOKA OVEIDO FL CITY - \$1 - 74P 2 4 CITY-ST-ZIP ONGWOOD UTSD FISHER, JAMES DELETE VTSD 3 1 TITLE TITLE FISHER, JAMES 3.2 NAME NAME 454 QUEENSBRIDGE DR 815 DEERFTEND CTRUE STREET ADDRESS 3.3 STREET ADDRESS LAKE MARK FL 3.4. CITY-ST-ZIP CITY - ST - 716 DELETE Change Addition TILLE 4.1 TITLE NAME 4.2 NAME STREET ADDISESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-7P ☐ Change DELETE Addition TILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SE-70 5.4 CiTY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do 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.

SIGNATURE:

0086974