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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:23

DOCUMENT # J85187 (9)

1. Corporation Name
HAIR WE ARE OF BREVARD, INC.

Principal Place of Business	Mailing Address
% MICHAEL W. EBERENZ 3122 W. WASHINGTON RD. UNITE #122 MELBOURNE FL 32935	% MICHAEL W. EBERENZ 3122 W. WASHINGTON RD. UNITE #122 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3122 LAKE WASHINGTON RD
Suite, Apt. #, etc.
27
City & State
28 Melbourne, FL
Zip 29 32935 Country 30 USA

4. FEI Number: 59-2825553 ☐ 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

9. Name and Address of Current Registered Agent

EBERENZ, MICHAEL W.
3122 LAKE WASHINGTON RD
UNIT #122
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: SUSAN EBERENZ
82 Street Address (P.O. Box Number is Not Acceptable): 3122 LAKE WASHINGTON RD
83
84 City: MELBOURNE FL 85 Zip Code: 32935

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	PVS ☑ Change ☐ Addition
NAME	EBERENZ, MICHAEL W.	12 NAME	EBERENZ SUSAN A
STREET ADDRESS	3122 LAKE WASHINGTON RD	13 STREET ADDRESS	3122 LAKE WASHINGTON RD
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	TD	21 TITLE	TD ☑ Change ☐ Addition
NAME	EBERENZ, MICHAEL W.	22 NAME	EBERENZ SUSAN A
STREET ADDRESS	3122 LAKE WASHINGTON RD	23 STREET ADDRESS	3122 LAKE WASHINGTON RD
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	EBERENZ, SUSAN A.	32 NAME	
STREET ADDRESS	3122 LAKE WASHINTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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)(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: Susan Eberenz 4-18-95 407 724-0211
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

*Michael W. Eberenz 5-28-95 407 723-4721

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