SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 29 AM 8:15

DOCUMENT # **K20620** **(6)**

1. Corporation Name
KALEIDOSCOPE HAIR DESIGNS, INC.

Principal Place of Business	Mailing Address
~~ROUTE 8, BOX 68L~~ ~~ARCADIA FL 33821~~	~~ROUTE 8, BOX 68L~~ ~~ARCADIA FL 33821~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1988	03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1156 N.E. POLK AVE.	26 1156 N.E. POLK AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ARCADIA, FL	28 City & State: ARCADIA FL
24 Zip: 33821-9496 25 Country: U.S.	29 Zip: 33821-9496 30 Country: U.S.

4. FEI Number: 65-0034429 ☐ 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	10. Name and Address of New Registered Agent
ARNOLD, LISA L. ~~ROUTE 8, BOX 68L~~ ~~ARCADIA FL 33821~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1156 N.E. POLK AVE. 83 84 City: ARCADIA FL 85 Zip Code: 33821

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	P	11 TITLE	☑ Change ☐ Addition
NAME	ARNOLD, LISA	12 NAME	
STREET ADDRESS	~~ROUTE 8 BOX 681~~	13 STREET ADDRESS	1156 N.E. POLK AVE.
CITY-ST-ZIP	~~ARCADIA FL~~	14 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	VP	21 TITLE	☑ Change ☐ Addition
NAME	ARNOLD, AUGUST	22 NAME	
STREET ADDRESS	~~ROUTE 8 BOX 681~~	23 STREET ADDRESS	1156 N.E. POLK AVE.
CITY-ST-ZIP	~~ARCADIA FL~~	24 CITY-ST-ZIP	ARCADIA FL 33821
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E084 (3/95)

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: X LISA L. ARNOLD Lisa L. Arnold X 6-26-95 X 813-494-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0158976 FP