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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K20620 (6)

1. Corporation Name
KALEIDOSCOPE HAIR DESIGNS, INC.



Principal Place of Business

1186 NE POLK AVE
ARCADIA FL 33821-9496
US

Mailing Address

1183 NE POLK AVE
ARCADIA FL 33821-9496
US

3. Date Incorporated or Qualified
04/15/1988

3a. Date of Last Report
06/29/1995

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

ARNOLD, LISA L.
1186 NE POLK AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

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 of Registered Agent (if different from the Registered Agent's name)

Signature of the Agent's Successor (if different from the Agent's name)

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.1 TITLE

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

2. TITLE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

3. TITLE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

4. TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

5. TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

6. TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

RECORDED 17 JUL 1996
03/26/96--01148--020
\$\$\$200.00

M.M.
3-25-96

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 recorder 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:

Lisa L. Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18 1996
DATE

941-970-6115
Telephone Number

CR2E034 (12/95)