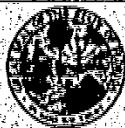


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K28983

(0)

1. Corporation Name

HAIR PLEASERS, INC.

FILED

95 AUG 10 PM 12:12

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**7200 RIDGE ROAD
SUITE 3
PORT RICHEY FL 34668
US**

Mailing Address

**7200 RIDGE ROAD
SUITE 3
PORT RICHEY FL 34668
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1988

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2904845

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. 199.13(2),
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RAVALLI, ROSEMARIE
12349 DEARBORN DRIVE
BAYONET POINT FL 34667**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAVALLI, ROSEMARIE
STREET ADDRESS	12349 DEARBORN DRIVE
CITY - ST - ZIP	BAYONET POINT FL
TITLE	V
NAME	RAVALLI, CHARLOTTE
STREET ADDRESS	12347 DEARBORN DRIVE
CITY - ST - ZIP	BAYONET POINT FL
TITLE	T
NAME	RAVALLI, ANTHONY J
STREET ADDRESS	12347 DEARBORN DRIVE
CITY - ST - ZIP	BAYONET POINT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	13001 WILLOUGHBY LANE
1.4 CITY - ST - ZIP	BAYONET PT. FL. 34667
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)(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 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:

Rosemarie Ravalli

Rosemarie Ravalli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-95
Date

813-862-9674
Daytime Phone #

CR2E034 (3/95)