

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K50032** (7)  
1. Corporation Name  
**STRICTLY EXTRAORDINARY HAIR FASHION, INC.**

Principal Place of Business Mailing Address  
**4562 S.E. SANDY RIDGE LANE** **4562 S.E. SANDY RIDGE LANE**  
**10 CENTRAL PKWY. STE 350** **10 CENTRAL PKWY. STE 350**  
**STUART FL 34997** **STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date of expiration of Certificate 12/07/1988 3a. Date of Last Report 05/01/1994

|                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. 3138 SW Martin Downs Blvd<br>Suite, Apt. #, etc.<br>22. City & State<br>Palm City FL<br>23. ZIP<br>34990<br>24. County<br>Martin<br>25. City<br>26. State<br>27. ZIP<br>28. County<br>29. City<br>30. State | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. ZIP<br>29. County<br>30. City | 4. FET Number<br>65-0092169<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>6. Does corporation have naturally occurring minerals in or on its land in Florida? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTLAND, LEONARD, JR  
10 CENTRAL PKWY  
SUITE 350  
STUART FL 34994

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. State                                              | FL           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purposes 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 being removed, sign as agent being removed)

Signature of Registered Agent (if being added, sign as agent being added)

12. OFFICERS AND DIRECTORS

|                                                                                                                          |                                                           |                                                           |                                                              |                                                              |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| 12.1 NAME<br>PD SMALL, BERNARD H<br>12.2 STREET ADDRESS<br>4562 SE SHADY RIDGE LN.<br>12.3 CITY, STATE, ZIP<br>STUART FL | 12.4 NAME<br>12.5 STREET ADDRESS<br>12.6 CITY, STATE, ZIP | 12.7 NAME<br>12.8 STREET ADDRESS<br>12.9 CITY, STATE, ZIP | 12.10 NAME<br>12.11 STREET ADDRESS<br>12.12 CITY, STATE, ZIP | 12.13 NAME<br>12.14 STREET ADDRESS<br>12.15 CITY, STATE, ZIP |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                              |                                                                   |
|--------------------------------------------------------------|-------------------------------------------------------------------|
| 13.1 NAME<br>13.2 STREET ADDRESS<br>13.3 CITY, STATE, ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.4 NAME<br>13.5 STREET ADDRESS<br>13.6 CITY, STATE, ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.7 NAME<br>13.8 STREET ADDRESS<br>13.9 CITY, STATE, ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME<br>13.11 STREET ADDRESS<br>13.12 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.13 NAME<br>13.14 STREET ADDRESS<br>13.15 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.16 NAME<br>13.17 STREET ADDRESS<br>13.18 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated in Law No. 1991-173 (Florida Statutes). I further certify that the information included in this annual report or supplemental annual report is true and correct and that the corporation 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 1, or Block 1a, of this report or in an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (47) 288-4374