

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K57553**

(5)

1. Corporation Name

SCANDAL'S HAIR DESIGN, INC.

Principal Place of Business

**7324 STATE ROUTE 52
HUDSON FL 34667**

Mailing Address

**7324 STATE ROUTE 52
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1989

3a. Date of Last Report
05/24/1994

2. Principal Place of Business

21 10140 US HWY 19

2a. Mailing Address

26 10140 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 PORT RICHEY, FL

City & State

28 PORT RICHEY, FL

Zip

Country

Zip

Country

24 34668

25 USA

29 34668

30 USA

9. Name and Address of Current Registered Agent

**VAIRO, PASQUALE WILLIAM
7322 STATE ROUTE 52
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10140 US HWY 19

83

84 City

PORT RICHEY

FL

85

Zip Code

34668

11. Pursuant to the provisions of Sections 607.0602 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

5/1/95

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP
12.2 NAME	VAIRO, PASQUALE WILLIAM
12.3 STREET ADDRESS	7322 STATE RT 52
12.4 CITY, ST, ZIP	HUDSON FL
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☒ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	10140 US HWY 19
13.4 CITY, ST, ZIP	PORT RICHEY, FL 34668
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.137(4)(a), 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 1, 2 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

813 863-4383