FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB -9 AM 10: 11

DOCUMENT # K82154 (1)

1. Corporation Name
PRESTIGE HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
5308 GULF DRIVE SUITE 5 NEW PORT RICHEY FL 34652	5308 GULF DRIVE SUITE 5 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8533 U.S. 19
22: Suite, Apt. #, etc.
23: City & State: PORT RICHEY FL.
24: Zip: 34668 Country: 25: PASCO

2a. Mailing Address
26: 8533 U.S. 19
27: Suite, Apt. #, etc.
28: City & State: PORT RICHEY FL.
29: Zip: 34668 Country: 30: PASCO

4. FEI Number: 59-2952258 ☐ 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

FOSTER, BETTY, J, S
5308 GULF DR., SUITE 5
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: ROBERT STONE
82 Street Address (P.O. Box Number is Not Acceptable): 8052 SYCAMORE DR.
83:
84 City: NEW PORT RICHEY FL 85 Zip Code: 34654

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: ROBERT STONE — Robert Stone — 2-4-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	STONE, ROBERT J.	1.2 NAME		
STREET ADDRESS	8052 SYCAMORE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	STONE, ROBERT J.	2.2 NAME		
STREET ADDRESS	8052 SYCAMORE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	STONE, ANN M.	3.2 NAME		
STREET ADDRESS	8052 SYCAMORE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: ROBERT STONE — Robert Stone — 2-4-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364202 CP