

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K88618** (9)  
1. Corporation Name  
**SCISSORS HAIRSTYLING, INC.**



Principal Place of Business  
**19140 E PENN AVE  
#6  
DUNNELLON FL 34432  
US**

Mailing Address  
**19140 E PENN AVE  
#6  
DUNNELLON FL 34432-6124  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**05/12/1989**

3a. Date of Last Report  
**04/24/1996**

4. FEI Number  
**59-2948434**

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  
**DAIMLER, PATRICIA ANN  
19270 SW 93 LANE ROAD  
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent  
1 Name  
2 Street Address (P.O. Box Number is Not Acceptable)  
3  
4 City **FL** 5 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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAIMLER, CHARLES ANDREW</b>	
STREET ADDRESS	<b>19270 SW 93RD LANE RD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAIMLER, PATRICIA ANN</b>	
STREET ADDRESS	<b>19270 SW 93RD LANE RD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2		
1.3	STREET ADDRESS	
1.4	ST-ZIP	
2.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2		
2.3	STREET ADDRESS	
2.4	ST-ZIP	
3.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2		
3.3	STREET ADDRESS	
3.4	ST-ZIP	
4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2		
4.3	STREET ADDRESS	
4.4	ST-ZIP	
5.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2		
5.3	STREET ADDRESS	
5.4	ST-ZIP	
6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2		
6.3	STREET ADDRESS	
6.4	ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE *Patricia Ann Daimler* 4/25/97 352-489-3344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)