

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L13132 (0)**

1. Corporation Name

**FLORIDA HAIR CARE, INC.**



Principal Place of Business

**11234 PARK BLVD  
SUITE 356  
SEMINOLE FL 34642  
US**

Mailing Address

**11234 PARK BLVD  
SUITE 356  
SEMINOLE FL 34642  
US**

3. Date Incorporated or Qualified  
**08/30/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **11125 PARK BLVD**

2a. Mailing Address

26 **11125 PARK BLVD.**

4. FEI Number

**59-2972731**

Applied For

Not Applicable

Suite, Apt. #, etc.

**104-356**

Suite, Apt. #, etc.

**104-356**

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

City & State

23 **SEMINOLE, FL**

City & State

28 **SEMINOLE, FL**

Zip

24 **34642**

Country

25 **FLORIDA**

Zip

29 **34642**

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**WULFF, DOUGLAS  
17900 GULF BLVD  
SUITE 16-B  
REDINGTON SHORES FL 33708**

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]*

(NOTE: Registered Agent signature required when re-registering)

**4/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **FLAAT, DAVID L.**  
STREET ADDRESS **P O BOX 28206**  
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **D** ☒ DELETE  
NAME **FLAAT, LINDA M.**  
STREET ADDRESS **P O BOX 28206**  
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE **D** ☐ DELETE  
NAME **WULFF, DOUGLAS O.**  
STREET ADDRESS **17900 GULF BLVD 16B**  
CITY-ST-ZIP **REDINGTON SHORES FL**

TITLE **D** ☐ DELETE  
NAME **WULFF, DIANNE J.**  
STREET ADDRESS **17900 GULF BLVD 16B**  
CITY-ST-ZIP **REDINGTON SHORES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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

1.4 CITY-ST-ZIP

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

**33708**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**33708**

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

*[Signature]*

**DOUGLAS A. WULFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96**

DATE

**(813) 393-0949**

DAYTIME PHONE #

CR2E034 (12/95)