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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L31080** (9)

1. Corporation Name  
**COLOURS HAIR & NAILS, INC.**

Principal Place of Business  
**3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250-5824**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**PARKER, ERIKA L  
3892 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Erika L. Parker*  
Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-97

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	PARKER, JAMES T.	
STREET ADDRESS	3465 PINE TREE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	P	DELETE
NAME	PARKER, ERIKA L	
STREET ADDRESS	3465 PINE TREE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	DELETE
NAME	CONNOR, LISA R	
STREET ADDRESS	2371 HAMPTON FALLS DR W	
CITY - ST - ZIP	JACKSONVILLE 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	ST	Change	Addition
1.2 NAME	PARKER, JAMES T.		
1.3 STREET ADDRESS	314 TARRASA DR.		
1.4 CITY - ST - ZIP	JAX FL 32225		
2.1 TITLE	P	Change	Addition
2.2 NAME	PARKER, ERIKA L		
2.3 STREET ADDRESS	314 TARRASA DR.		
2.4 CITY - ST - ZIP	JAX FL 32225		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
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 does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-97 904-249-8060

0039037

CR2E034 (9/96)