

FILING FEE 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 # **L42310** (7)

1. Corporation Name
JEAN NICOLE HAIR SALONS, INC.



Principal Place of Business: **JEAN NICOLE HAIR SALONS INC
3300 BONITA BEACH RD #126
BONITA SPRINGS FL 33923
US**

Mailing Address: **JEAN NICOLE HAIR SALONS, INC
3300 BONITA BEACH #26
BONITA SPRINGS FL 33923
US**

3. Date Incorporated or Qualified: **01/10/1990** 3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0169663** 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

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

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

9. Name and Address of Current Registered Agent
**GAST, DOUGLAS S
3300 BONITA BEACH RD #126
SUITE 301
BONITA SPRINGS FL 33923**

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: _____ DATE: _____
Signature typed or printed below that of registered agent and to be applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **ST** DELETE
NAME: **GAST, DOUGLAS S.**
STREET ADDRESS: **3300 BONITA BEACH RD#126**
CITY-ST-ZIP: **BONITA SPRINGS FL**

TITLE: **PD** DELETE
NAME: **GAST, SANDRA**
STREET ADDRESS: **3300 BONITA BEACH ROAD #126**
CITY-ST-ZIP: **BONITA SPRINGS FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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 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: *Sandra S. Gast* 2-06-96 941-947-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)