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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **L53321**

(0)

1. Corporation		(0)					
HOLLYWOOD BARBER SHOP, INC.					A TRESIDEN DEN DINTE HIND DISKE HIND DID BY		
Principal Place		Mailing Address 333 SE 1545 Terrace 1353 S. MILITARY TRAIL. DEERFIELD BEACH FL 33442					
					3. Date Incorporated or Qualified	3a. Date of Last R	•
Deerfield Boach, FL 334					02/27/1990	11/29/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
1		26		65-0181498	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Additional Required	
City & State		City & State			6. Election Campaign Financing		
3		28			Trust Fund Contribution		May Be
Zip Country		Zip Country		у	8. This corporation has liability for		
4	25	29	30		Florida Statutes	□ No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	legistered Agent	-
			8.	1 Name			
RODGER	is, melvin		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
620 BAY	CHORE DRIVE 333	SE 15th Torra	ire _	_			
FT . LAU E	DERDALE FL 83304 D e e ,	field Beach,	FL B	3			
		3344	, 8	4 City		85 Zi	p Code
1 Dura iont te	a the provinces of Sections 507.05/				action or breits this statement for the same	FL °° -	
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was autho	orized by the cor	poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as registered	registered onice Jagent, Lam
SIGNATURE.							
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	(NOTE: Registered Ag	ont signature require		DATE	
12. TITLE	PSD OFFICERS A	ND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFF	Change	Addition
NAME .	RODGERS, MELVIN O.	LJourne	1.1 I I I I			спанде	
STREET ADDRESS	1959 S MILITARU TRAIL 3	33 SE 15th Te		ET ADDRESS			
CHTY-ST-ZIP	DEERFIELD BEACH FL		14 CITY-				
TITLE	F-1 PG: PG		2 1 TITLE			☐ Change	Addition
(AME			2.2 NAME				
TREET ADDRESS			23 STRE	ET ADDRESS			
			24 City	ST-ZIP			
ITLE T		☐ DELETE	3 1 THILE			Change	☐ Addition
IAME			3.2 NAME				
STREET ADDRESS			3.3. STRE	ET ADDRESS			
CHTY-SI-ZIP		☐ DELETE	3.4 CHTY-			Fig Charge	- A333:
TITLE						☐ Change	Addition Addition
NAME STREET ADDRESS			4.2 NAME	i			
CITY-ST-ZIP				ET ADDRESS			
IIILE		DELETE	4.4 City - 5. 1 Title			Change	Addition
NAME		<u>_</u>	5.2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-\$T-ZIP			5.4 CITY-				
TITLE		DELETE	6 1 TITLE			[] Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			63 STREE	et address			
CITY-ST-ZIP			6 4 City -				
 14. I do hereby certify that 	y certify that the information supplied the information indicated on this an	d with this filing is voluntarily for nual report or supplemental a	urnished and do	es not qualify for	or the exemption stated in Section 119, ate and that my signature shall have the	07(3)(k), Florida Statut	tes. I further
oath; that I	am an officer or director of the corp Block 12 or Block 13 if changed, o	poration or the receiver or true	stee empowered	to execute thi	is report as required by Chapter 607, Fi	orida Statutes; and the	at my name

SIGNATURE: MCLICIA O RODGIA MASSICIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin & RODGIERS 4-18-94 429-0450