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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L53929** **(0)**

1. Corporation Name
**CONTEMPO HAIR, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ANNA RODGERS<br>2813 SEFFNER VALRICO RD<br>SEFFNER FL 33584 | 1223 N KINGSWAY<br>2813 SEFFNER VALRICO RD<br>BRANDON FL 33510<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1990**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) County (25) / Zip (29) County (30)

4. FEI Number: **59-3005839** ☐ 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 was liable for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RODGERS, ANNA**
**2813 SEFFNER VALRICO RD.**
**BRANDON FL 33584**

10. Name and Address of New Registered Agent

81 Name: MARSHA HURVITZ
82 Street Address (P.O. Box Number is Not Acceptable): 2317 CHERRY RIDGE LN
83
84 City: BRANDON FL 85 Zip Code: 33511

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: X Marsha Hurvitz (Proposed Registered Agent signature required and mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DV | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RODGERS, ANNA | 12 NAME | |
| STREET ADDRESS | 2813 SEFFNER VALRICO RD. | 13 STREET ADDRESS | |
| CITY ST ZIP | SEFFNER FL | 14 CITY ST ZIP | |
| TITLE | DST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HURVITZ, MARSHA | 22 NAME | |
| STREET ADDRESS | 2317 CHERRY RIDGE LANE | 23 STREET ADDRESS | |
| CITY ST ZIP | BRANDON FL | 24 CITY ST ZIP | |
| TITLE | DP | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BILGRI, SANDRA | 32 NAME | |
| STREET ADDRESS | 321 ABYHARA | 33 STREET ADDRESS | |
| CITY ST ZIP | SEFFNER FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(i), Florida Statutes. I further certify that the information indicated on this 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 1, or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X Marsha Hurvitz 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

MARSHA HURVITZ

0440381 FP