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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:10

DOCUMENT # L68561 (4)

1. Corporation Name
INTENSIVE HAIR UNIT, INC.

Principal Place of Business	Mailing Address
~~C/O SHARON R. SMITH~~	~~C/O SHARON R. SMITH~~
~~7112 CLARK ROAD~~	~~7112 CLARK ROAD~~
~~WEST PALM BEACH FL 33406~~	~~WEST PALM BEACH FL 33406~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21: 2001-7 TENTH AVE. NO.
22 Suite, Apt. #, etc.:
23 City & State: LAKE WORTH, FL
24 Zip: 33461-3362 25 Country: USA

2a. Mailing Address
26: C/O TINA CALL 7117 CATALINA WAY
27 Suite, Apt. #, etc.:
28 City & State: LAKE WORTH, FL.
29 Zip: 33467 30 Country: USA

4. FEI Number: 65-0200421 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SMITH, SHARON R.~~
~~7112 CLARK ROAD~~
~~WEST PALM BEACH FL 33406~~

10. Name and Address of New Registered Agent

81 Name: TINA CALL
82 Street Address (P.O. Box Number is Not Acceptable): 7117 CATALINA WAY
83:
84 City: LAKE WORTH FL 85 Zip Code: 33467

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tina L Call (NOTE: Registered Agent signature required when mandated) DATE: 1-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, SHARON R.	12 NAME		
STREET ADDRESS	7112 CLARK ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CALL, TINA LYNN	22 NAME		
STREET ADDRESS	348 SHADY LANE ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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 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: Sharon R Smith Sharon R Smith 2-15-95 (407) 586-0252
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Title) (Daytime Phone #)

0248850 CP