

FILE 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 # L78234 (6)

1. Corporation Name

HAIR MAJESTY, INC.



Principal Place of Business

Mailing Address

~~HARRY S. CLINED DR.~~  
3045 FOUNTAINHEAD DR.  
LARGO FL 34640

~~HARRY S. CLINED DR.~~  
3045 FOUNTAINHEAD DR.  
LARGO FL 34640

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 3045 Fountainhead Dr.

2a. Mailing Address

26 3045 Fountainhead Dr.

4. FEI Number

59-3014007

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Largo FL

City & State

28 Largo FL

Zip Country

24 34640

Zip Country

29 34640

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINK, LINDA  
3045 FOUNTAINHEAD DRIVE  
SUITE 800  
LARGO FL 34640

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

*Linda J. Pink*

(NOTE: Registered Agent signature required when reinstating)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PINK, ROBERT L.  
STREET ADDRESS 3045 FOUNTAINHEAD DR.  
CITY-ST-ZIP LARGO FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VST  
NAME PINK, LINDA  
STREET ADDRESS 3045 FOUNTAINHEAD DR.  
CITY-ST-ZIP LARGO FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME PINK, LINDA  
STREET ADDRESS 3045 FOUNTAINHEAD DR.  
CITY-ST-ZIP LARGO FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Linda J. Pink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

DATE

813-584-7985

Daytime Phone #

CR2E034 (12/95)