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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Feb 25 1997 8:00am

Sandra B. Mortham

1997 OCUMENT # L8249 NEW IMAGE HAIR & NAILS, INC.		ORPORATIONS	Beerett	ry of State
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rincipal P-ace of Business	Mailing Address			TIRI OLDI OLDI EREN EREN OLDI IDDI
142 NOB HILL RD AMARAC FL 33321	7142 NOB HILL RD TAMARAC FL 33321-1839			
\$	US		3. Date Incorporated or Qualified	3a. Date of Last Report
			06/20/1990	02/14/1996
Principa' Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. # etc.	26 Suite, Apt. #, etc.		65-0215901	Not Applicable
Suite, 242 # etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	intangible tax under s. 199.032, Yes
25 9. Name and Address of Cur		30	Florida Statutes 10. Name and Address of New Re	
COHEN, SHELDON	··· ʊ ·	81 Name		
1275 SW 46 AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
SUITE 2005				
POMPANO BEACH FL 33069		83		
		84 City		85 Zip Code
— agent i am fann ar wijn, and accept the oc	ingations of, Section 607.0305, Fig.	nua siaiules.		
GNATURE Stand in a straight fraction of registered	agent and after it applicates. (NOTE	Registered Agent signature requ	ation's board of directors. I hereby accept ared when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
GNATURE Street retained registrated to a merel trainer of registrated to a	· · · · · · · · · · · · · · · · · · ·	. Registered Agent signature requ	ured when reinstaling)	DATE CERS AND DIRECTORS IN 12
GNATURE Signed me, type-Lor printed name of registrand OFFICERS IF COHEN, SHELDON	AND DIRECTORS	Hogistered Agent signature requirements 13. 1.1 Title 1.2 NAME	ured when reinstaling)	DATE CERS AND DIRECTORS IN 12
GNATURE Signature, type-Lor printed rounie of registrate OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS TO COHEN, SHELDON 7610 WESTWOOD #112	AND DIRECTORS	Hogistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ured when reinstaling)	DATE CERS AND DIRECTORS IN 12
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