

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L84201 (7)
 1. Corporation Name:
BANGZ HAIR AND NAIL STUDIO OF FORT PIERCE, INC.



Principal Place of Business 100 AVENUE A SUITE E FORT PIERCE FL 34950	Mailing Address 100 AVENUE A SUITE E FORT PIERCE FL 34950-4426
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 06/19/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-3023947	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMS, TEMELA L 100 AVE A., SUITE E FORT PIERCE FL 34950				10. Name and Address of New Registered Agent	

81 Name WRJIL SHARON / EVANS, PILAR	82 Street Address (P.O. Box Number is Not Acceptable) 100 AVE. A, SUITE E
83	84 City FORT PIERCE
85 Zip Code FL 34950	

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 607.0503, Florida Statutes.

SIGNATURE: **SHARON WRJIL** *Sharon Wrjil PD* **4-10-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SHAR PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, BOBBIE		1.2 NAME WRJIL SHARON	
STREET ADDRESS 19270 GLADES ROAD		1.3 STREET ADDRESS 538 SE BROOKSIDE JERRACE	
CITY-ST-ZIP PORT ST LUCIE FL		1.4 CITY-ST-ZIP PORT ST LUCIE FL 34983	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, DORIS		2.2 NAME EVANS, PILAR	
STREET ADDRESS 19270 GLADES RD		2.3 STREET ADDRESS 5324 SW ALTARA STREET	
CITY-ST-ZIP PORT ST LUCIE FL		2.4 CITY-ST-ZIP PORT ST LUCIE, FL 34953	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 WRJIL** *Sharon Wrjil PD* **4-10-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)