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 # **M46428** **(2)**

1. Corporation Name

FONTANA HAIR COMPANY

Principal Place of Business	Mailing Address
~~224 N.W. 94 WAY~~ ~~CORAL SPRINGS FL 33071-7314~~	~~224 N.W. 94 WAY~~ ~~CORAL SPRINGS FL 33071-7314~~

NEW Address

2. Principal Place of Business	2a. Mailing Address
21 712 Riverside Dr.	26 3125 NE 48 Ct
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Apt. 124
23 City & State: Coral Springs FL.	28 City & State: Lighthouse Point
24 Zip: 33071 25 Country: Broward	29 Zip: 33064 30 Country: Broward

3. Date Incorporated or Qualified: 02/11/1987	3a. Date of Last Report: 06/19/1995
4. FEI Number: 59-2780301	☐ 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	

9. Name and Address of Current Registered Agent

FONTANA, DOMENICK
224 N.W. 94TH WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FONTANA, DOMENICK		1.2 NAME	
STREET ADDRESS	224 N.W. 94 WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FONTANA, JOSEPHINE		2.2 NAME	
STREET ADDRESS	224 N.W. 94 WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FONTANA, DENISE A		3.2 NAME	
STREET ADDRESS	712 RIVERSIDE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: D. D. Fontana 5/1/96 954 753 4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)