

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68242

(0)

1. Corporation Name

INT HAIR DESIGN, ETC., INC.

**APPROVED
AND
FILED**

MAY -1 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**KATHRYN TANGUY
6633 SUPERIOR AVENUE
SARASOTA FL 34231**

Mailing Address

**KATHRYN TANGUY
6633 SUPERIOR AVENUE
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0040463

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. 198.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State Apt. # etc.

2a. Mailing Address

26 State Apt. # etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**TANGUY, KATHRYN
6633 SUPERIOR AVENUE
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name **CARMELA INGRATI**
82 Street Address (P.O. Box Number is Not Acceptable)
SAME
83
84 City **SAME** **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

Carmela Ingrati

5/1/95

12. OFFICERS AND DIRECTORS

DPT
TANGUY, KATHRYN
6633 SUPERIOR AVE
SARASOTA FL

VPS
INGRATI, CARMELA
6633 SUPERIOR AVE
SARASOTA FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
VPT
TOM STRAZA
6633 SUPERIOR AVE
SARASOTA, FL 34231
Pres

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows and qualifies for the exemption stated in Sections 119.032, 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 make this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE:

Carmela Ingrati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95