FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:16

DOCUMENT # **M74701** **(7)**

1. Corporation Name
HAIRMASTERS BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
7180 SOUTH FEDERAL HIGHWAY, #2 PORT ST. LUCIE FL 34952	7180 SOUTH FEDERAL HIGHWAY, #2 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1988
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (28)
Suite, Apt. #, etc. (22) (27)
City & State (23) (29)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0039337 ☐ 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

RODGERS, BETTY S.
6000 PALMETTO DR.
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: BetH S. Vozella
82 Street Address (P.O. Box Number is Not Acceptable): 6008 Spruce Dr.
83 Ft. Pierce,
84 City: Ft. Pierce, FL 85 Zip Code: 34982

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: Betty S. Vozella, Pres. 3-24-95
(Signature, Typed or Printed Name of Registered Agent and Date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition D
NAME	RODGERS, BETTY S.	12 NAME	BetH S. Vozella
STREET ADDRESS	6000 PALMETTO DR.	13 STREET ADDRESS	6008 Spruce Dr.
CITY ST ZIP	FT. PIERCE FL	14 CITY ST ZIP	Ft. Pierce, FL 34982
TITLE	DS	21 TITLE	☐ Change ☐ Addition SEE
NAME	KOSSOVER, CARMEN	22 NAME	CARMEN KOSSOVER
STREET ADDRESS	2214 S.E. SESAME LANE	23 STREET ADDRESS	2214 S.E. SESAME LANE
CITY ST ZIP	PT. ST. LUCIE FL SAME	24 CITY ST ZIP	FORT ST LUCIE FLA 34952
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Betty S. Vozella BetH S. Vozella 3-24-95 407-340-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE — Date — (Optional)