

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 # **M75855** (0)

1. Corporation Name
HIBISCUS BEAUTY SALON, INC.

Principal Place of Business
**9 HIBISCUS AVE.
POMPANO BEACH FL 33062**

Mailing Address
**9 HIBISCUS AVE.
POMPANO BEACH FL 33062**

APPROVED
AND
FILED

95 APR -5 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-----------------------|--|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 04/08/1988 | 01/28/1994 |
| 22 Suite, Apt #, etc. | | 27 Suite, Apt #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 65-0054696 | Not Applicable |
| 24 Zip | | 29 Country | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 26 | | 31 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KNAUFF, ELEANOR JEAN 2301 N.E. 14TH ST. 202E POMPANO FL 33062 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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:

(Type and print or printed name of registered agent and the # of shares)

(NOTE: Registered Agent signature required after 1/1/94)

(Date)

| 12. OFFICERS AND DIRECTORS | | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|---------------------------------|--|---|--|---|
| TITLE | PST | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNAUFF, ELEANOR JEAN | | 1.2 NAME | | |
| STREET ADDRESS | 2301 NE 14 ST.CSWY.#202E | | 1.3 STREET ADDRESS | | |
| CITY, ST, ZIP | POMPANO FL | | 1.4 CITY, ST, ZIP | | |
| TITLE | D | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNAUFF, ELEANOR JEAN | | 2.2 NAME | | |
| STREET ADDRESS | 2301 NE 14 ST.CSWY.#202E | | 2.3 STREET ADDRESS | | |
| CITY, ST, ZIP | POMPANO FL | | 2.4 CITY, ST, ZIP | | |
| TITLE | | | 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 | | | 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 | | | 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 | | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eleanor Jean Knauff* **ELEANOR JEAN KNAUFF** 4/1/95 305-942-9367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR