

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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**

3. Date Incorporated or Qualified: **04/08/1988**  
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0054696**  
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**

**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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |                                 |
|----------------------------|---------------------------------|---------------------------------|
| TITLE                      | <b>PST</b>                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>KNAUFF, ELEANOR JEAN</b>     |                                 |
| STREET ADDRESS             | <b>2301 NE 14 ST.CSWY.#202E</b> |                                 |
| CITY-ST-ZIP                | <b>POMPANO FL</b>               |                                 |
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME                       | <b>KNAUFF, ELEANOR JEAN</b>     |                                 |
| STREET ADDRESS             | <b>2301 NE 14 ST.CSWY.#202E</b> |                                 |
| CITY-ST-ZIP                | <b>POMPANO FL</b>               |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 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** 4/23/96 954-942-4067  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Day/Minute/Phone #

CR2E034 (12/95)