

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M80716** (7)

1. Corporation Name

INNOVATION HAIR DESIGNS, INC.



Principal Place of Business

Mailing Address

C/O KATHLEEN OTTAVIO
927 HYACINTH DRIVE
DELRAY BEACH FL 33483

C/O KATHLEEN OTTAVIO
927 HYACINTH DRIVE
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 State App. Ref.

26 City, App. Ref.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

**OTTAVIO, KATHLEEN
927 HYACINTH DRIVE
DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified 05/12/1988	3a. Date of Last Report 06/26/1995
4. FEI Number 65-0064145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.02(1) and 607.02(2), 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 607.02(1), Florida Statutes.

SIGNATURE: *Kathleen Ottavio*

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 NAME: D OTTAVIO, KATHLEEN	11 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS: 927 HYACINTH DRIVE	12 NAME:
13 CITY, STATE, ZIP: DELRAY BEACH FL	13 STREET ADDRESS:
14 TITLE: <input type="checkbox"/> Director	14 CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME:	15 NAME:
16 STREET ADDRESS:	16 STREET ADDRESS:
17 CITY, STATE, ZIP: <input type="checkbox"/> Director	17 CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME:	18 NAME:
19 STREET ADDRESS:	19 STREET ADDRESS:
20 CITY, STATE, ZIP: <input type="checkbox"/> Director	20 CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME:	21 NAME:
22 STREET ADDRESS:	22 STREET ADDRESS:
23 CITY, STATE, ZIP: <input type="checkbox"/> Director	23 CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME:	24 NAME:
25 STREET ADDRESS:	25 STREET ADDRESS:
26 CITY, STATE, ZIP: <input type="checkbox"/> Director	26 CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is an original or a true and correct copy of the original and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation. I executed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or in Block 14 of the report.

SIGNATURE: *Kathleen Ottavio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-96

CR2E034 (12/95)