

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M92450** (9)

1. Corporation Name
CAROL MARKS HAIR DESIGNERS, INC.



Principal Place of Business: **C/O CAROL CELESTINO, 1580 NW 2ND AVE, BOCA RATON FL 33432, US**
Mailing Address: **C/O CAROL CELESTINO, 1580 NW 2ND AVE, BOCA RATON FL 33432, US**

3. Date Incorporated or Qualified: **08/03/1988**
3a. Date of Last Report: **03/27/1995**
4. FEIN Number: **65-0064650**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. City & State
23. Zip
24. Country
26. City & State
27. Zip
28. Country
29. Country

9. Name and Address of Current Registered Agent

**CELESTINO, CAROL
1580 N.W. 2ND AVE
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0107 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0107, Florida Statutes.

SIGNATURE

Name of the person signing this statement as registered agent

Name of the person signing this statement as officer or director

DATE

12. OFFICERS AND DIRECTORS
TITLE: **D** [] DELETE
NAME: **CELESTINO, CAROL**
STREET ADDRESS: **5315 PARK PLACE CIRCLE**
CITY-ST-ZIP: **BOCA RATON FL**
TITLE: **D** [] DELETE
NAME: **CELESTINO, MARTHA**
STREET ADDRESS: **5315 PARK PL CIR**
CITY-ST-ZIP: **BOCA RATON FL**
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. TITLE [] Change [] Addition
1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-ST-ZIP
2. TITLE [] Change [] Addition
2.1 NAME
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP
3. TITLE [] Change [] Addition
3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP
4. TITLE [] Change [] Addition
4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP
5. TITLE [] Change [] Addition
5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP
6. TITLE [] Change [] Addition
6.1 NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true, correct 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 officer or trustee of a trust or trust agreement and I am executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Carol Celestino* - **CAROL CELESTINO** 4-8-96 4073380441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)