

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 08 1996 8:00 am  
Secretary of State

DOCUMENT # **P25382** (3)

1. Corporation Name  
**WONDERFUL YOU HAIR DESIGN, INC.**



Principal Place of Business  
**890 SW 27TH AVENUE  
FT. LAUDERDALE FL 33312**

Mailing Address  
**890 SW 27TH AVENUE  
FT. LAUDERDALE FL 33312**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/24/1989**

3a. Date of Last Report  
**01/17/1996**

4. FLE Number  
**11-2558508**

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

10. Name and Address of New Registered Agent

**VALRIE WRIGHT  
277 SW 27 AVE.  
FT. LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4200 NW 16th ST #301**

83

84 City

**LAUDERHILL**

**FL**

85 Zip Code

**33313**

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

*Wm Wright*

(NOTE: Registered Agent Signature required when agent is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME  
**PD  
PURCELL, DONALD**  
STREET ADDRESS  
**890 S.W. 27TH AVE**  
CITY-ST-ZIP  
**FT. LAUDERDALE FL**

1.2 NAME

TITLE ☐ DELETE

1.3 STREET ADDRESS

NAME  
**S  
RIGAUD, LINDA**  
STREET ADDRESS  
**890 S.W. 27TH AVE**  
CITY-ST-ZIP  
**FT. LAUDERDALE FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME  
**D  
JOHNSON, TREVOR**  
STREET ADDRESS  
**890 S.W. 27TH AVE**  
CITY-ST-ZIP  
**FT. LAUDERDALE FL**

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

3.3 STREET ADDRESS

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

4.2 NAME

SIGNATURE: *Donald Purcell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

4-1-96 - 954-791915  
DATE DAYTIME PHONE #

CR2E034 (12/95)