

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

05 MAY -1 PM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P30115 (0)**  
1. Corporation Name  
**ADVANCED HAIR STUDIOS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
~~401 WATERFALL WAY~~ ~~401 WATERFALL WAY~~  
~~STE-307~~ ~~STE-307~~  
~~RICHARDSON TX 75080~~ ~~RICHARDSON TX 75080~~

3. Date Incorporated or Qualified **07/10/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **75-2177653** 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  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **696 1st Ave. N.** 26 **696 1st Ave. N.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **#201** 27 **#201**  
City & State City & State  
23 **St. Petersburg, FL** 28 **St. Petersburg, FL**  
Zip Country Zip Country  
24 **33701** 25 **USA** 29 **33701** 30 **USA**

9. Name and Address of Current Registered Agent  
**WILKINSON, G. BARRY**  
**696 FIRST AVE. NORTH**  
**STE. 201**  
**ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature req. when re-registering)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | <b>PST</b>                        | 11 TITLE  | <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOWELL, CARL</b>               | 12 NAME   | <b>Carl Howell c/o G. B. Wilkinson</b>  |
| STREET ADDRESS             | <del>401 WATERFALL WAY #207</del> | 13 STREET ADDRESS                                     | <b>696 1st Ave. N., #201</b>  |
| CITY - ST - ZIP            | <del>RICHARDSON TX</del>          | 14 CITY - ST - ZIP                                    | <b>St. Petersburg, FL 33701</b>   |
| TITLE                      | <b>D</b>                          | 21 TITLE  | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <b>HOWELL, CARL</b>               | 22 NAME   | <b>Carl Howell c/o G. B. Wilkinson</b>  |
| STREET ADDRESS             | <del>401 WATERFALL WAY #207</del> | 23 STREET ADDRESS                                     | <b>696 1st Ave. N., #201</b>  |
| CITY - ST - ZIP            | <del>RICHARDSON TX</del>          | 24 CITY - ST - ZIP                                    | <b>St. Petersburg, FL 33701</b>   |
| TITLE                      |                                   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 32 NAME   |   |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 34 CITY - ST - ZIP                                    |   |
| TITLE                      |                                   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 42 NAME   |   |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                                   | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 52 NAME   |   |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                                   | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 62 NAME   |   |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 64 CITY - ST - ZIP                                    |   |

14. I do hereby certify that the information furnished 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. I am attaching \_\_\_\_\_ as an attachment with an address.

**SIGNATURE:**  **Carl Howell, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR