

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000001295 (4)**

1. Corporation Name
LORRAINE'S HAIR DESIGN, INC.



Principal Place of Business: **5131 OCEAN BLVD SIESTA KEY VILLAGE FL 34242**
Mailing Address: **5131 OCEAN BLVD SIESTA KEY VILLAGE FL 34242**

2. Principal Place of Business: 21 **1209 Old Stickney Pt. Rd.** 22 **SARASOTA FL 34242**
2a. Mailing Address: 26 **1209 Old Stickney Pt. Rd.** 27 **SARASOTA FL 34242**
23 **SARASOTA FL 34242** 28 **SARASOTA FL 34242**
24 **USA** 25 **USA** 29 **USA** 30 **USA**

3. Date Incorporated or Qualified: **10/26/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0366904** 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
BENNETT, LORRAINE
5131 OCEAN BLVD
SIESTA KEY VILLAGE FL 34242

10. Name and Address of New Registered Agent
81 Name: **BENNETT, LORRAINE**
82 Street Address (P.O. Box Number is Not Acceptable): **1209 Old Stickney Point Rd.**
83
84 City: **SARASOTA** FL 85 Zip Code: **34242**

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, LORRAINE	
STREET ADDRESS	3232 RANDA WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MEADERS, EDWARD	
STREET ADDRESS	5131 OCEAN BLVD.	
CITY-ST-ZIP	SARASOTA FL	
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	1209 Old Stickney Pt. Rd.
1.4 CITY-ST-ZIP	SARASOTA FL 34242
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1209 Old Stickney Pt. Rd.
2.4 CITY-ST-ZIP	SARASOTA FL 34242
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: **Edward Meaders** **EDWARD MEADERS** S/T **4/29/96** **346-7206** (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)