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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:25

DOCUMENT # P93000002411 (5)

1. Corporation Name
MARJORIE'S HAIR FITNESS BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
5930 W HALLANDALE BEACH BLVD. WEST HOLLYWOOD FL 33023-5246	5930 W HALLANDALE BEACH BLVD. WEST HOLLYWOOD FL 33023-5246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21: 7170 PEMBROKE RD
Suite, Apt. #, etc. 22:
City & State 23: MIRMAR, FL
Zip 24: 33023-2627 Country 25: BROWARD

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0396414
☐ 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

GROVES, CHARLES H
6340 N.E. 2ND AVENUE
SUITE 247
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: MARJORIE MCDONALD
82 Street Address (P.O. Box Number is Not Acceptable): 7170 PEMBROKE RD
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33023

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: Marjorie McDonald — 5-98-95
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required where mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, MARJORIE	12 NAME	
STREET ADDRESS	12314 WASHINGTON STREET BLDG 5	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL 33025	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

PERMITTED BY MAY 1

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)(i), 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: Marjorie McDonald — MARJORIE MCDONALD — 305-962-7686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0000589 CP