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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary, J.S.C.
DIVISION OF CORPORATIONS

95 APR 21 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013393 (2)

1. Corporation Name

ANITA NICOLE HAIR & NAILS, INC.

Principal Place of Business

9897 W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address

9897 W SAMPLE RD
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|----------------------------------|--|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 24 | 3a. Date Incorporated or Organized 02/20/1993 | 3b. Date of Last Report 04/29/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0380035 | 5. Applied For Not Applicable |
| City & State 23 | City & State 28 | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fax Required | 7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 8. This corporation has liability/or intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 9. Name and Address of Current Registered Agent KUPFER, PAUL H 1700 UNIVERSITY DR CORAL SPRINGS FL 33071 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent FL | 11. Zip Code 85 |
| | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | 85. 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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when translating.)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--|---|---|--|
| TITLE | D BAKER, SCOTT A 399 NW 41ST AVE DEERFIELD BEACH FL 33442 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 1.2 NAME | | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 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 110.07(3)(g), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95 (SOS) 255-513
Date
Division of Corporations