FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAR -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013597 (8)

STREET STYLES HAIR, INC.

Mailing Address
103400 OVERSEAS HIGHWAY SUITE 123 KEY LARGO FL 33037

Mailing Address
103400 OVERSEAS HIGHWAY SUITE 123 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/15/1993	06/27/1994

2. Principal Place of Business
21

2a. Mailing Address
26

City-St-Zip
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Country
24

Country
25

Zip
29

Country
30

4. FEI Number
65-0401136
☐ 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

COX, MICHAEL E
103200 OVERSEAS HIGHWAY
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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: _____ NOTE: Registered Agent signature required when mandatory. DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P PROBERT STEVE # 128 KYHGO KAMPGROUND KEY LARGO FL 33037	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
S PROBERT SUSAN # 128 KYLGO KAMPGROUND KEY LARGE FL 33037	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true 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 a director or officer 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, added or deleted.

SIGNATURE: Susan Probert 21 FEB/95 451-3988

(Required) (TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0000700 CP