FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P93000014647 (0)**

1. Current Name
THE ORIGINAL HAIR STUDIO, INC.

Principal Place of Business
7777 131ST STREET NORTH
SEMINOLE FL 34646

Mailing Address
7777 131ST STREET NORTH
SEMINOLE FL 34646

3. Date Incorporated or Qualified: **02/26/1993**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-3102770** [ ] 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

2. Principal Place of Business
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2a. Mailing Address
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29 | 30

9. Name and Address of Current Registered Agent

HAUSDORF, LINDA
7777 131ST STREET NORTH
SEMINOLE FL 34646

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 Section 607.1505, 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. To the best of my knowledge and belief, the corporation has complied with the provisions of Section 607.1505, Florida Statutes.

Signature

12. OFFICER AND DIRECTORS

D
HAUSDORF, LINDA
10600 92ND STREET NORTH
LARGO FL 34647

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[ ] DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 13 above, or on an attachment with an entry for my name.

SIGNATURE: Linda Hausdorf LINDA HAUSDORF 1/22/96 (813) 391-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)