FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016640 (3)

BOCA HAIR, INC.

407 SE MIZM BOCA RATOR US	Place of Business	Mailing Address 906 SW 36TH COURT BOYNTON BEACH FL 334 US 2a. Mailing Address 26 Suite, Apt. #, etc.	335-8526		3. Date Incorporated or Qualified 03/04/1993 4. FEI Number 65-0394768	3a. Date of Last Report 08/23/1996 Applied For Not Applicable \$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & Sta	ace	City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	egistered Agent
PR	OTESTO, JAMES		81	Name		
906 SW 36TH COURT BOYNTON BEACH FL 33435			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-hamed 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 types or printed hards of registered agent and tills of applicable. [NOTE: Registered Agent signature required when reinstating).						
ļ	Signature typed or printed name of registered ag			ent signature require		DATE
12.	PSTD	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
ł	PROTESTO, JAMES	L becen	- 8			Charige L. Adollion
TOUCH ANTICONING			1.2 NAME			
STREET ADDRESS	BOYNTON BEACH FL		1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY - S	I-ZIP		
TITLE		L DELETE	2.1 TITLE			Change L Addition
NAME	1		2.2 NAME			
STREET ADDRESS	1		2.3 STREET	ſ		
CITY-SI-INP		I beiege	2.4 CITY-ST-ZIP			Chases
hill nue			3.1 TITLE			L. Change L. Addition
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THILE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STAEET	ADDRESS		i

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 affect as if made under oath; that if 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 in changed, or on an attachment with an address.