FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

1. Corporation Name

P93000019988 (3)

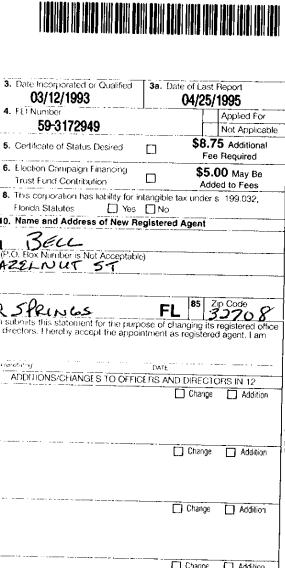
2a. Mailing Address

Suite, Apt. #, etc.

HEADLINES HAIR & NAIL SALON INC.

Principal Place of Business	Mailing Address			
1329 W. BROADWAY STREET	1329 W. BROADWAY STREET			
OVIEDO FL 32765	OVIEDO FL 32765			

26



City & State		Orty & State	├-`ı ⁻		6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28 	т.		Trust Fund Contribution	Add	ded to Fees	
24	25	25 29 30			Florida Statutes			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Agent		
BELL, CHERI 1516 CROSSBEAM CIRCLE W CASSELBERRY FL 32707				81 Name CHERI 3ECC 82 Street Address (P.O. Box Number is Not Acceptable) 308 HAZELNUT 5T				
	o the provisions of Sections 607.09 of agent, or both, in the State of Fl n, and accept the obligations of, S			e named corpor rporation's boa	ation submits this statement for the purp rd of directors. Thereby accept the appo		Zip Code 32708 registered office ed agent, I am	
SIGNATURE	Signature typed or printed name of registered a	rest and tile if application is	NOTE Fregisterer	jeni signata e respons	and the second s			
12.		AND DIRECTORS	13.	F a software to the lines	ADDITIONS/CHANGES TO OFFIC	DATE	250 11	
TITLE	P	☐ DELETE	1 1 1	· · · ·	The state of the s			
NAME	BELL, CHARISSE E		1 2 N	le l		☐ Change	Addition	
STREET ADDRESS	308 HAZELNUT ST.		1.3 \$	SELATORESS				
CITY-ST-7IF	WINTER SPRINGS FL		140	:-ST Zi:				
TITLE	VP	[] DELETE	2.1			Change	Addition	
NAME	Bell, robert e sr.		22 N	re l		[_] Change	☐ Addition	
STREET ADORESS	308 HAZELNUT ST		239	E1 ADDRESS				
CITY - ST - ZIP	WINTER SPRINGS FL		240	-ST ZIP				
TITLE		☐ DELFTE	3 1	F		Change	Addition	
NAME			321	rr e			☐ Addition	
STREET ADDRESS			33	: FT ADDRESS				
CITY-ST-ZIP			34	S1 - 2(P				
TITLE		☐ DELETE	4 1			Change	Addition	
NAME			4 2			C c is ide.		
STREET ADDRESS			4.3	LADORESS				
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TITLE		☐ DELETE	5			☐ Change	Addition	
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STREET ADDRESS			5	: ADDRESS				
CITY-S1-ZIF			5	(d - 7.8°				
TITLE		☐ DELETE	6			Change	Addition	
NAME			6.					
STREE1 ADDRESS			63	' APDRESS			}	
CITY-S1-ZIP		N=1 =	£.4	S: - Z*P				
14. I do hereby certify that t	certify that the information supplied the information indicated on this are	d with this filing is voluntarily fur	rnished and	es not qualify for	the exemption stated in Section 119.07	(3)(k), Florida Statut	es. I furtner	

oath; that I am an officer of directlor of the corporation or the receiver or trusted end accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 15 if changed, or sport attachment with an address

SIGNATURE: