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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P93000025484 (5)

FILED Apr 11 1997 8:00am Secretary of State

PAT'S HAIR PALACE, INC. Principal Place of Business Mailing Address 1916 AVENUE P SOUTHWEST 1916 AVENUE P SOUTHWEST WINTER HAVEN FL 33890-6503								
					3. Date Incorporated or Qualified		te of Last R)1/1996	eport
2 Principal	Prace of Business	2a. Mailing Address			04/02/1993 4. FE! Number	W/C		oplied For
1]	Trade of positions	26			59-3187726			ot Applicable
Suite, Ap	il. #, elc	Suite, Apt. #, etc.	7.7.				\$8.75	
2		27			5. Certificate of Status Desired	Ll	Fee Re	equired
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution	_[_]	Added	to Fees
_ Zφ −1	Country	Zip	Country	У	8. This corporation has liability for			. 199.032,
4	9. Name and Address of Curre	29	30		Florida Statutes L 10. Name and Address of New Re	Yes		·
		ant uedistalen wäaut	81	Name	IV. Natile and Address of New A	edistolen i	- South	
)DGE, BERNICE JEFFERSON AVENUE							
	OSTPROOF FL 33843		62	Street Add	fress (P.O. Box Number is Not Accepta	.ble)		
rn	031FR00F FE 33043		83	3	A STATE OF THE PARTY OF THE PAR			
					······		-1:-1	
			84	City		FL	85 Zip i	Code
 Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida. 				ve-named cor	poration submits this statement for the	purpose of	changing it	ts registered
agent. I	I am familiar with, and accept the obli	igations of Section 607.0505, F	Florida Statute	y the corpora s.	ation's board of directors. I hereby acce	thr mo abb	S),O) II, 40	, og.o.a. aa
SIGNATURE	E. Signature hypodior printed name of registered a				ation's board of directors. I hereby acce	DATE		
SIGNATURE	E. Signature hypodior printed name of registered a	agent and title if applicable (NC	OTE: Registered Ag	gent signature requ	ilrod when reinstating)	DATE		
SIGNATURE 12.	Signature syncolor printed name of registered a OFFICERS A PD JENKINS, PATRICIA	agent and title if applicable (NO	OTE: Registered Ag	gent signature fequ	ilrod when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature syncider printed name of registered a OFFICERS A PD JENKINS, PATRICIA S 5503 SUNSET WAY NORTH	agent and title if applicable (NO	13. 1.1 TITLE 1.2 NAME	gent signature fequ	ilrod when reinstating)	DATE	DIRECTOR	RS IN 12
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nual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under o corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

0391619