## 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 # P93000038487 (3)

EINSTATEMENT 95-97

Principal Place of Business

SUPERSTAR HAIR DESIGNS

Mailing Address

SUPERSTAR HAIR DESIGNS



97 MAY 30 PH 1:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11522 QUAIL ROOST DR.	41522-GUAIL-ROOST-DR.	41522-OUAIL ROOST OR. MIAMI-FL 89157		
	MINIST (** 0.515)		3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 12/11/1995
2. Principal Place of Business	1 E 26 K Obin	d	4. FEI Number	Applied For
<del></del>	· • · · · · · · · · · · · · · · · · · ·	Sheffar	65-0451145	Not Applicable
Sulte, Apt. #, etc. 22/905055. DI/I	eligariay	150017	3 Sertificate of Status Desired	\$8.75 Additional Fee Required
23 Mane 7	Cor 28 Mia		6. Election Campaign Financing Trust Fund Contribution	Solution \$5.00 May Be Added to Fees
Zip Cbuntry 24 33/89 25 7	ADE 29 3 3 1573	Country A-D(	6. This corporation has liability for in Florida Statutes ☐ Yes	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Re	gistered Agent
SHEPPARD, ROBIN -19611 SW 134TH CT.: MIAMI FL 33177		<sup>83</sup> 736	fress (P.O. Box Number is Not Acceptable) R 1 5 W 17 3 L 4 M 1	e)  FI 85 Zip Code 7
11. Pursuant to the provisions of sections or registered agent, or both, in the Statement amiliar with, and a coupl the objection SIGNATURE	607.0502 and 607.1508, Florida Statutes, ato of Florida. Such change was authorized I as of, Section 607.0608, Ecrida Statutes.	the above-named corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	nose of changing its registered office introduced introduced as registered agent. I am
Signature, typed or printed name of reg	gisterud agent and title il applicable (NOTE: F	3.gistered Agent signature require	co when rematating)	DA'E
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE PD	i delete	1. 1 TITLE		Change Addition
NAME SHEPPARD, ROBIN		1.2 NAME		
STREET ADDRESS 19811 SW 18TH CT.		1.3 STREET ADDRESS 7	321 BW!	73 <i>5</i> 7
CITY-ST-ZIP MIAMI FL 33177		1.4 CITY - ST - ZIP	MIAMI, F	1 H 33157
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NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 C(TY-ST-Z)P		
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CITY-ST-ZIP		3.4 CHY-S1-ZIP	444100	
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NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	FD DELETA	4.4 CITY- \$1 - ZIP 5 1 TITLE		
TITLE	☐ DELETE		Change Addition	
NAME		5.2 NAME	_	
STREET ADDRESS		5.3 STREET ADDRESS	<b>/</b> )	ANA.
CITY-ST-ZIP		5.4 CITY-ST-ZIP		all
TITLE	DELETE	6 1 TITLE	4:	Change
NAME		62 NAME	$\mathcal{L}_{\gamma}$	130107
STREET ADDRESS		63STREET ADDRESS		<i>1~1</i> / 1
CITY-ST-ZIP		6.4 CITY - ST - ZIP		•

I go thereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 Block 13 if chapter it is a statute or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: