


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

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9 3000041200					
1. Corporation Name FLORIDA ACADEMY OF HAIR DESIGN, INC					
Principal Place of Business 38363 Hwy 54E ZEPHYRHILLS, FL 33540			Mailing Address 38363 Hwy 54E ZEPHYRHILLS, FL 33540		
2. Principal Place of Business 21			2a. Mailing Address 26		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23			City & State 28		
Zip 24			Country 29		
Country 25			Country 30		
9. Name and Address of Current Registered Agent OSBORNE, HARRY K JR. 38239 PEAR COURT ZEPHYRHILLS FL 33541			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		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 register familiar with and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE <i>Harry K Osborne</i> 4/29/96 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE PRESIDENT <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change		
NAME GEORGIA L. OSBORNE			1.2 NAME		
STREET ADDRESS 38239 PEAR CT			1.3 STREET ADDRESS		
CITY-ST-ZIP ZEPHYRHILLS, FL 33541			1.4 CITY-ST-ZIP		
TITLE SECY <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change		
NAME HARRY K OSBORNE, JR.			2.2 NAME		
STREET ADDRESS 38239 PEAR COURT			2.3 STREET ADDRESS		
CITY-ST-ZIP ZEPHYRHILLS, FL 33541			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change		
NAME			5.2 NAME 400001894434		
STREET ADDRESS			5.3 STREET ADDRESS -07/16/96--01066--039		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 200.00		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby 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 Stat; 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 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Georgia L. Osborne</i> 4-29-96 813 782-7287 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					