

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075799 (5)

1. Corporation Name

REGAL HAIRCOLOR WESTCOAST FLORIDA, INC.

Principal Place of Business

Mailing Address

3636 WEBBER ST.
SARASOTA FL 34232

3636 WEBBER ST.
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 1080 N. TAMiami TRAIL

26 1080 N. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SARASOTA, FL.

27

City & State

City & State

23 SARASOTA FL.

28 SARASOTA FL.

Zip

Zip

24 34236

25 SARASOTA

29 34236

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARBER, DONNA
3636 WEBBER ST.
SARASOTA FL 34232

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1080 N. TAMiami TRAIL

83 SARASOTA

84 City

FL

85 Zip Code

34236

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 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

Donna Garber

(NOTE: Registered Agent signature required when reappointing)

DATE

4/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
GARBER, DONNA
3636 WEBBER ST.
SARASOTA FL 34232

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
FERNANDEZ, LOUIS JR
3636 WEBBER ST.
SARASOTA FL 34232

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 110.07(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 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Garber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

Date

813-954-5405

System Name #