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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

## P9400005251 (1) **DOCUMENT #**

STUAH	HAIR CURPURATION				
Principal Place o	of Business	Mailing Address		r badisadi iin baisi alati datis anist	Maint Editi Abibi Azina ifadı Azibi itali iddi.
2367 S.E. FEDERAL HIGHWAY STUART FL 34994		2367 S.E. FEDERAL HIGHWAY Stuart Fl 34994			
US				3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 07/25/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-3219469	Applied For Not Applicable
Suite Apt. #	JAME -	Suite, Apt (**; Sta		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	or II	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 200	CONTRACTOR	28     Zip	Country or a	Trust Fund Contribution  8. This corporation has liability for	A0060 10 F865
24 3140	25 ///	29	30 NAC 1114		□ No
	9. Name and Address of Current F	legistered Agent	81] Name	10. Name and Address of New F	registered Agent
			1 1 1		
NAVARE	TTA, STEPHEN	4 6	82 Street Add	ess (P.O. Box Number is Not Acceptab	ole)
2307 3.E	FEDERAL HIGHWAY 1/00 S. FL 94994 - BLV	WI ST LUCIE	WE 97		
SIUANI	TE 34334 (5) V	D 47 203			100 100 100 100 100 100 100 100 100 100
	PORT	ST LUCIEIF	C34902		FL 85 Zip Code
	o the provisions of Sections 607.0502 ar ad agent, or John, In the State of Florida in, and accept the obligations of, Section	nd 697.1508, Florida Statutes Such change was authorized 607.0506, Florida Statutes.	s, the above-named corpor d by the corporation's boa	ration submits this statement for the purit of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE			Registered Agent signature require		DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	Change Addition
THE	D DEOROE MICHELLE	☐ DELETE	1 1 TALE		
NAM"	PESKOE, MICHELLE		1.2 NAME		
STREET ADDRESS	2367 S.E. FEDERAL HIGHWAY STUART FL 34994		1.3 STREET ADDRESS		
THE	310ARI FL 34994	[7] DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NaMi			2.2 NAME		
STREET ACORESS			2 3 STREET ADDRESS		
Cilly - SI - Zif-			2 4 CHTY - ST - ZIP		
TIBLE		DELFTE	3 1 TiTLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY ST-ZIF			3 4 CITY - ST - ZIP		
THU		DELETE	4 1 TITLE		☐ Change ☐ Addition
NAM!			. 4.2 NAME		
STREET ACORESS			4.3 STREET ADDRESS		
CITY ST ZIP			4 4 CITY - ST - ZIP		Change Addition
TITUE		☐ DELETE	5 1 TITLE		LI Change LI Addition
NAME			5 2 NAME		
S1BLEL ADDRESS			5.3 STREET ADDRESS		

this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)ki), Florida Statutes. I further effort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annual report with an address. 14. I do hereby certify that the information indicated that the information indicated that I am an officer or direct appears in Block 12 or Block 11.

DELETE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

5 4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6 4 CITY - ST - 7IP

6 1 THLE 6.2 NAME

SIGNATURE:

CHY-SI-ZIP

 $\mathsf{SIR} \; \mathsf{HI} \; \mathsf{ADDRESS}$ 

THEF

NAME

☐ Addition