

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012741 (2)

1. Corporation Name

HOLLYWOOD HAIR, INC.



Principal Place of Business

1820 HILLVIEW STREET
SARASOTA FL 34239-3605

Mailing Address

1820 HILLVIEW STREET
SARASOTA FL 34239-3605

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

04/06/1995

4. FET Number

65-0469483

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MILLER, TERESA M
1820 HILLVIEW STREET
SARASOTA FL 34239-3605

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 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who changed or updated the filing agent

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	MILLER, TERESA	1820 HILLVIEW STREET	SARASOTA FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
3. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
4. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
5. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
6. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
7. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

(941) 349-5380

DATE

DATE OF FILING

CR2E034 (12/95)