

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MY 11 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031820 (1)

1. Incorporating Name:

DREW JAMES NEW TALENT SALON INC.

Principal Place of Business

1039 HARRISON STREET
HOLLYWOOD FL 33019

Mailing Address

1039 HARRISON STREET
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1045 HARRISON ST**

28. Mailing Address

26 **1045 HARRISON ST**

Suite Apt. # or

22 **27**

Suite Apt. # or

27

City & State

23 **Hollywood FL**

City & State

28 **Hollywood FL**

Zip

24 **33019**

Zip

25 **33019**

26 **Occupied**

27 **Occupied**

28 **Occupied**

29 **Occupied**

30 **Occupied**

3. Date Incorporated or Qualified
04/27/1994

4. FEI Number
65-0480928

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

7. This corporation has liability for intangible tax under S. 199.032. Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, JEAN
1039 HARRISON STREET
HOLLYWOOD FL 33019**

81. Name

82. Street Address if P.O. Box Number is Not Acceptable

83.

84. City

FL 85 Zip Code

11. Pursuant to the provisions of section 104, 105, and 107 of the Florida Statutes, the above named corporation submits the 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 agree to abide by all laws of the state of Florida and its Statutes.

Signature

12. OFFICERS AND DIRECTORS

13. ADDRESSES OF OFFICERS AND DIRECTORS

DP
**LOIACONO, JOSEPH
1039 HARRISON STREET
HOLLYWOOD FL 33019**

14. NAME
15. ADDRESS
16. CITY & STATE
17. ZIP CODE
18. CITY & STATE
19. ZIP CODE
20. CITY & STATE
21. ZIP CODE
22. CITY & STATE
23. ZIP CODE
24. CITY & STATE
25. ZIP CODE
26. CITY & STATE
27. ZIP CODE
28. CITY & STATE
29. ZIP CODE
30. CITY & STATE
31. ZIP CODE

DST
**ROBINSON, JEAN
1039 HARRISON STREET
HOLLYWOOD FL 33019**

32. NAME
33. ADDRESS
34. CITY & STATE
35. ZIP CODE
36. CITY & STATE
37. ZIP CODE
38. CITY & STATE
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121. ZIP CODE

14. I solemnly certify that the information supplied with this form is voluntarily furnished and given in good faith, for the purposes stated in the laws of the State of Florida. I further certify that the information so furnished is true and accurate to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath, that it is given in the name of the corporation or the person or persons empowered to execute this report as required by Chapter 199 of the Florida Statutes, and that my name appears on Block 13 or Block 14 if changing or on an affidavit with an addressee.

SIGNATURE: *Jean Robinson* **PRINTED NAME OR SIGNATURE** *Jean Robinson*

5/4/95 (315) 473-1122