

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lester B. Whitman
Secretary
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034296 (1)**

1. Corporation Name
APRIL'S BEAUTY SALON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6432 RIDGE RD. PORT RICHEY FL 34668	Mailing Address 6432 RIDGE RD. PORT RICHEY FL 34668
---	---

3. Date Incorporated or Quarter 05/03/1994	3a. Date of Last Return
4. FEI Number 59-3195422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	25
29	30

9. Name and Address of Current Registered Agent

**RASPIN, APRIL
6432 RIDGE RD.
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of sections 607.052, 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 understand the provisions of sections 607.052, Florida Statutes.

SIGNATURE: *April Raspin* 1-26-95

12. OFFICERS AND DIRECTORS

1 NAME	APRIL RASPIN
2 NAME	APRIL RASPIN
3 NAME	
4 NAME	
5 NAME	
6 NAME	
7 NAME	
8 NAME	
9 NAME	
10 NAME	
11 NAME	
12 NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	P. U. P. - T. S. D. C. M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	APRIL RASPIN	
3 STREET ADDRESS	6432 Ridge Rd	
4 CITY & ZIP	Port Richey, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME		
6 NAME		
7 NAME		
8 NAME		
9 NAME		
10 NAME		
11 NAME		
12 NAME		

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 319.02(7)(b), Florida Statutes. I further certify that the information included 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 appointed 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 as an attachment with an address.

SIGNATURE: *April Raspin APRIL RASPIN* 1-26-95 (813) 847-7467