

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000038646 (3)

1. Corporation Name

FAMILY DISCOUNT BEAUTY SUPPLY, INC.



Principal Place of Business

18400 NW 2 AVE
BAY 12
MIAMI FL 33169

Mailing Address

18400 NW 2 AVE
BAY 12
MIAMI FL 33169

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCCALLA, LESLIE
18400 NW 2 AVE
BAY 12
MIAMI FL 33169

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
04/26/1995

4. FEI Number

65-0502017

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

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 607.0902 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

Signature of officer or director of the corporation authorized to execute this report

Printed Name of Agent (Signature of person who is agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME GRAHAM, ALRIC
STREET ADDRESS 18400 NW 2 AVE BAY 12
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ DELETE

D
NAME MCCALLA, LESLIE
STREET ADDRESS 18400 NW 2 AVE BAY 12
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALRIC GRAHAM

3-6-96

305-653-6646

CR2E034 (12/95)