FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041480 (2)

RENE'S HAIR DESIGN, INC.

Principal Place	e of Business		Mailing Address			I IODARODI IRG REIRI DIDIR BORIL EDIRE DI	(III 48 III 144 (II		FB H (FB)			
100 8. ASHLEY DRIVE SUITE 130 TAMPA FL 33602				100 S. ASHLEY DRIVE SUITE 130 TAMPA FL 33602-5348				Date Incorporated or Qualified	94 Dote	of Last By	poort	
								06/02/1994	d 3a. Date of Last Report 04/25/1996			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		_ 	plied For	
Suite, Apt. #, etc.				26				59-3254871 Not Applicable				
22				27				5. Certificate of Status Desired		Fee Re		
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
23				28				Trust Fund Contribution Added to Fees				
Zip	Country 25		\vdash	Zip Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24		d Address of Curre	29 nt Regist					10. Name and Address of New Registered Agent				
TOF	DA, RENE	<u></u>	00 O C	· (
100 S. ASHLEY DRIVE						82 Street A		ene III. Kaj ss (P.O. Box Number is Not Accepta	ble)			
SUITE 130							10	00 5 ashky	#-13C)		
TAN	APA FL 33602	2				83		J				
	•					84 City	-	200.00	FL	85 Zy (ode on	
	to the provision	s of Sections 607.05	02 and 60	07.1508, Florida Statut	os, the at	oove-named	corpo	ampa ration submits this statement for the		hanging its	s registered	
11. Pursuant to the provisions of Sections 607.0502 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.												
				14-1	7-94	'						
Signature, typed or printed name of registored agent and title if applicable. \ (NOTE: Registored Agent signature r									DATE OF TO AND 5	UDEOTOR.	0.101.40	
12.	DPST	OFFICERS AN	ID DIHEC	DELETE	13. 1.1 Tr	n E	Pr	ADDITIONS/CHANGES TO OFFI		Change	Addition	
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0111-01-24	L				0.4 ()	ri ratrziii						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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(012) 271-176V

FILED

Apr 25 1997 8:00am

Secretary of State