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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000051981 (6) **DOCUMENT #**

A TOUCH OF ELEGANCE HAIR CARE INC.

Country

9. Name and Address of Current Registered Agent

25

DONALDSON, BARDINA

1381 SUNSET STRIP SUNRISE FL 33313

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm ID}$

Suite, Apt. #, etc.

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1381 SUNSET STRIP SUMPISE FL 33313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

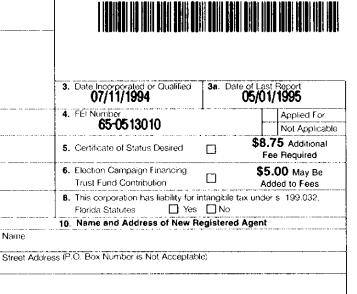
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1381 SUNSET STRIP SUNRISE FL 33313



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Zip Code

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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

82

83 84 City

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| SIGNATURE Styridize typod organish name of registerio agent and their applicates. IV/NE-Filipsteriol Agent signature registerior when recording. LIATE | | | | | | |
|---|------------------------|----------|----------------------|---|----------|------------|
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 | | |
| TITLE | U | DELETE | 1 1 TITLE | | Change | Addition |
| NAME | DONALDSON, BARDINA | | 1.2 NAME | I and with et. | | |
| STREET ADDRESS | 1071 N.W. 81ST TERRACE | | 1.3 STREET ADDRESS | 8050 N.W. 45th St. Landerlill F1. 33351 | | |
| CITY - S1 - ZIP | PLANTATION FL 33322 | | 1.4 CHTY ST-ZIP | Landertill F1. 33351 | | |
| TITLE | D | □ DELETE | 2 1 TITLE | | Change | ☐ Addit on |
| NAME | DONALDSON, WILLIAM | | 2.2 NAME | di 1076 -1. | | |
| STREET ADDRESS | 1071 N.W. 81ST TERRACE | | 23 STREET ADDRESS | 8050 NW. 450 ST | _ | |
| CITY - ST - ZIP | PLANTATION FL 33322 | | 2.4 CITY - ST - ZIP | 8050 Nw. 45th st. Landwhill fl. 3335 | 1 | |
| TITLE | | ☐ DELETE | 3 1 TITLE | , , , , , , , , , , , , , , , , , , , | ☐ Change | ■ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3 4 CiTY - ST - ZiF | | | |
| TITLE | | ☐ DELETE | 4 1 TITLF | | Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4.0-TY - \$1 - ZIP | | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | : | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 5.4 CITY - \$1 - ZiP | | | |
| TITLE | · · · | ☐ DECETE | 6 : TillE | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6 4 CITY - ST- ZIP | | | |

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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of phagged, or on an all at ament with an address

SIGNATURE:

Maldson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (954) 587. 0144

CR2E034 (12/95)