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

PROFIT CORPORATION ANNUAL REPORT

1996



FLOHIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P94000054080 (4)

JOYCE'S HAIR 'N NAIL, INC.

	_ •				
Principal Place o	of Business	Mailing Address			
1678 RIDGEWOOD AVE. ≢E HOLLY HILL FL 32117		1678 RIDGEWOOD HOLLY HILL FL 33			
				3. Date incorporated or Qualified 07/20/1994	3a. Date of Last Report 07/11/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	odnovatka od kontrologija (Majara da 1900.)	26		59-3249657	Not Applicable
Suite, Apt #.	, etc.	Suite, Apit #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	······
24	25	29	30	Florida Statutes 🔲 Yes	□No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	PRUDENCE N		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)
	INCAN ROAD		83		
SOUTH	I DAYTONA FL 32119		63		
			84 City		85 Zip Code
44 Description	the control of Control of Co.	England Court Englished Standards	1 1	ration submits this statement for the pur	FL S S S S S S S S S
familiar with	d agent, or both, in the State of Fl i, and accept the obligations of, S	loridu, Such change was autho ection 607 0505, Florida Statut	naed by the corporation's tion es	rd of directors. Thereby accept the appo	ointment as régisfered ágent. Lam
SIGNATURE	ignat ne typied ét prétion nu in et registere ba	gerhandric happinson (i)	Notice Fing the did Agric the grant the responsi	al who recretating	UATE.
12.	OFFIGERS .	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	MILL 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -
TITLE	D	☐ DELETE	1 1 TITLE		Change Addition
NAME	FENN, PRUDENCE N		1.2 NAME		
STREET ADDRESS	922 DUNCAN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32	(119 [7] DELFTE	1.4 CiTY - ST - ZIP		Change Addition
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STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		OELETE	3 1 TILF		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4 CITY - ST - ZIP		
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NAME			4.2 NAME		
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CHY-SI-ZIP			5.4 CITY - ST - ZIP		
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NAME			€ 2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP			6 4 CITY - ST - ZIP		
certify that to eath, that I	the information indicated on this a	innual report or supplemental a in <u>pora</u> tion or the receiver or trus	nnual report is true and accura- itee empowered to execute Pr	for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, Fix	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 My 9/96 904-3

904-322-K/2

R2E034 (12/95)