FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 00005569 9

1. Corporation Name
Starr Hair Designs, Inc.

100001485271
-05/12/95--01020--011
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
622 Wildwood St Altamonte Springs, Fl 32714	622 Wildwood St Altamonte Springs, Fl 32714

3. Date Incorporated or Qualified: Aug 1 1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 622 Wildwood St	26 622 Wildwood St
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Altamonte Springs Fl	City & State 28 Altamonte Springs Fl
Zip 24 32714 County 25	Zip 29 32714 Country 30

4. FEI Number: 59-3257528 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Joseph G. Martin 622 Wildwood St Altamonte Springs, Fl 32714	81 Name: Joseph G. Martin 82 Street Address (P.O. Box Number(s) Not Acceptable): 622 Wildwood St 83 84 City: Altamonte Springs FL 85 Zip Code: 32714

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.

SIGNATURE _____ DATE _____
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	President ☐ Change ☐ Addition
NAME	Joseph G. Martin	12 NAME	Joseph G. Martin
STREET ADDRESS	622 wildwood St	13 STREET ADDRESS	622 wildwood St
CITY ST ZIP	Altamonte Springs, Fl 32714	14 CITY ST ZIP	Altamonte Springs Fl 32714
TITLE	Vice Pres	21 TITLE	Vice Pres ☐ Change ☐ Addition
NAME	Barbara A Martin	22 NAME	Barbara A Martin
STREET ADDRESS	622 wildwood St	23 STREET ADDRESS	622 wildwood St
CITY ST ZIP	Altamonte Springs, Fl 32714	24 CITY ST ZIP	Altamonte Springs Fl 32714
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/1/95 MLB

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)(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, below or on an attachment with an address.

SIGNATURE: [signature] 4-15-95 407-834-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #