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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400056170 (1)

ACCLAIM HAIR DESIGNERS OF SNELL ISLE, INC.

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business 1335 SNELL ISLE BLVD NE ST PETERSBURG FL 33704		Mailing Address				E INDIANOS IND ANIES BRITA			
		1335 SNELL ISLE BLVD NE ST PETERSBURG FL 33704-2426							
						3. Date Incorporated or Qualified 07/28/1994		e of Last R 1/1996	leport
	lace of Business	2a. Mailing Ad	idress			4. FEI Number		Ar	pplied For
21		26			59-3261890			ot Applicable	
Suite, Apt	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired			Additional
22		27							equired
City & State	0	City & State			6. Election Campaign Financing			May Be	
23 [Country	28	1 6	ountry		Trust Fund Contribution			to Fees
24]	25	29	30	our ir y		8. This corporation has liability for in		ax unders No	. 199,032,
24]	9. Name and Address of Curre			T-		10. Name and Address of New Re			
RRA	SKETT, WALTER J		***************************************	81	Name			T	
	5 SNELL ISLE BLVD NE			-	Observation of the last	/0.0 5 N N			
	PETERSBURG FL 33704			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
01 (ETERIODORIO TE GOTOV			83			***************************************		
				-				T	
				84	City		FL	85 Zip	Code
SIGNATURE	Superconduction of the strength of the strengt	gent and little if applicable ND DIRECTORS	(NOTE: Registr		ent signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TOLE	DP			TITLE	<u></u>			Change	Additio
NAME	BROSKETT, WALTER J		1:	NAME	j				
STREET ADDRESS	14781 SUNSET ST #A		1.3	STAEET	ADDRESS				
CITY-S1-ZIP	CLEARWATER FL 34620		1.4	CITY-S	ST-ZIP				
TITLE	DV		DELETE 2:	TITLE				Change	Additio
NAME	BROSKETT, WILLIAM F JR		2.3	NAME					
STREET ADDRESS	334 FOSTER RD		2.3	STREET	ADDRESS		5. 51		
CITY-ST-ZIP	VESTAL NY 13850			4 CITY-	ST-ZIP				[] A 3 491 -
TITLE	DST Lester, Bambi			TITLE			l	Change	Additio
NAME.	14781 SUNSET ST #A			NAME	T ADORESS				
STREET ADORESS	CLEARWATER FL 34620		- I						
CITY+ST-ZIP TITLE	OFFIGURE LE ALORA			1. CITY- Title	01-14			Change	Additio
NAME		<u></u>		2 NAME	-		•		
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STREET ADDRESS			5:	STREE	T ADDRESS				
CITY-S1-ZiP				CITY-	ST-ZIP				····
THE			DELETE 6	TITLE				☐ Change	Additio
NAME			6:	2 NAME					
STREET ADDRESS			6.3	STREE	T ADDRESS				
CITY-ST-ZIP			6.	4 CITY -:	ST-ZIP				

14. I do hereby certily 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 36 if changed, or on an attachment with an address.

SIGNATURE

WALLET UNITED HATE OF SIGNING OFFICER OF DIRECTO

SKETT 1-2

13.97 BI3 823.950

me Phone #