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 MAR 27 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058260 (8)

1. Corporation Name
HAIR FARMING BY SPECTRUM INC.

Principal Place of Business	Mailing Address
1965 NW 55TH AVE. MARGATE FL 33063	1965 NW 55TH AVE. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0513750 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GANNON, JOHN
1965 NW 55TH AVE.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DEL VECCHIO, FRANK J	1.2 NAME	
STREET ADDRESS	8917 #B NW 28TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DVP ☒ Change ☐ Addition
NAME	GANNON, JOHN	2.2 NAME	GANNON JOHN
STREET ADDRESS	848 NW 81ST WAY	2.3 STREET ADDRESS	13875 68th ST N.
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	WEST PALM FL 33412
TITLE	DS	3.1 TITLE	DVS ☒ Change ☐ Addition
NAME	AUSTIN, CINDY L	3.2 NAME	AUSTIN CINDY L
STREET ADDRESS	1221 NW 50TH ST.	3.3 STREET ADDRESS	13875 68th ST N
CITY-ST-ZIP	POMPANO BEACH FL 33063	3.4 CITY-ST-ZIP	West Palm FL. 33412
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	ANTONACCIO, JOESPH	4.2 NAME	
STREET ADDRESS	510 LOCUST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. VERNON NY 10552	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ 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)(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.

SIGNATURE: John Gannon 3-22-95 305 977-4158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0706488 CP