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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

City & State

DOCUMENT #

P94000064776 (5)

TANI'S HAIR DESIGNS INC	CORPORATED				
Principal Place of Business	Mailing Address	1 destiest up (din sien eans seur	44111 44114 4		
2390 WILTON DR. WILTON MANORS FL 33305	2390 WILTON DR. WILTON MANORS FL 33305				
		3. Date Incorporated or Qualified 09/01/1994		3a. Date of Last Report 04/27/1995	
A D to the D to the D to the D	2a. Mailing Address	4. FEI Number	-1	Applied For	
2. Principal Place of Business	26	65-05 18362		Not Applica	
Suite, Apt. #, etc.	Suite, Apt. TANPS HAIR DESIGNS	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Ctu & State	27 2390 WILTON DRIVE			\$5.00 May Be	

Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country Zip Country Ζıp 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, TANI L 82 3890 N.W. 35TH AVE. 83 **LAUDERDALE LAKES FL 33309** 85 Zip Code 84 City

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

ignature _	gnature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE		NI 10
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	Addition
TLE	D DELETE	1, 1 TITLE	Change	j Addition
AME	DAVIS, TANI L	1,2 NAME		
TREET ADDRESS	3890 N.W. 35TH AVE.	13 STREET ADDRESS		
iTY-ST-ZIP	LAUDERDALE LAKES FL 33309	1.4 CITY - ST - ZIP] Addition
ITLE	DELETE	2. 1 TITLE	Change	} Accounting
IAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY - ST- ZIP		24 CITY - ST - ZIP	El Ohana E	Addition
ITLE	DELETE	3. 1 TITLE	Change [_ Addition
AME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		7 Addition
TATLE	☐ DELETE	4. 1 TITLE	Change	Addition
NAME		4.2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
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Tille	☐ DELETE	5 1 TITLE	Change	Additio
NAME		5.2 NAME		
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CITY-\$1-ZIP		5.4 CITY - ST - ZIP		T Addition
TIFLE	DELETE	6 1 TITLE	Change [Additio
NAME		6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k). Florida Statutes.	

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 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 or an attachment with an address.

SIGNATURE:

avis 51-96

Daytime Phone (

Applied For Not Applicable \$8.75 Additional