

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065143 (7)

1. Corporation Name

THE MANE SWITCH, INC.



Principal Place of Business

1657 FORUM PL
WEST PALM BEACH FL 33401

Mailing Address

1657 FORUM PL
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0518142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

STEPHENS-PAWLAK, KAREN
315 RILYN DR
WEST PALM BEACH FL 33405

81

Name

STEPHENS, KAREN

82

Street Address (P.O. Box Number is Not Acceptable)

315 RILYN DRIVE

83

84

City

WEST PALM BEACH, FL

85

Zip Code

33405

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

Karen Stephens

(NOTE: Registered Agent signature required when transferring)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STEPHEN-PAWLAK, KAREN
STREET ADDRESS
315 RILYN DR.
CITY-ST-ZIP
WEST PALM BCH FL

1. TITLE ☒ Change ☐ Addition

NAME
STEPHENS, KAREN
STREET ADDRESS
315 RILYN DRIVE
CITY-ST-ZIP
WEST PALM BEACH, FL 33405

TITLE ☐ DELETE

NAME
TOROS, MAGALI SILVA
STREET ADDRESS
1700 EMBASSY DR. #402
CITY-ST-ZIP
WEST PALM BCH FL

2. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DUKESHIRE, EFTHEMIA TINA
STREET ADDRESS
4881-C ALDER DR.
CITY-ST-ZIP
WEST PALM BCH FL

3. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE *Karen Stephens* (KAREN STEPHENS PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-22-96 407-687-3449

CR2E034 (12/95)