

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

**APPROVED
AND
FILED**

95 MAR -1 PM 4: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073726 (9)

SENSATIONS HAIR DESIGN, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business 1429 KASS CIR SPRING HILL FL 34606		Mailing Address 1429 KASS CIR SPRING HILL FL 34606		3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3271936	Applied For Not Applicable	
22	27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23	20		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCNIFF, GINA 1429 KASS CIR SPRING HILL FL 34606				10. Name and Address of Now Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	FL

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Gina McNIFF
STREET ADDRESS		3. STREET ADDRESS	1429 KASS Cir
CITY - ST - ZIP		4. CITY - ST - ZIP	Spring Hill, FL 34606
TITLE		5. TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	Debra Barone
STREET ADDRESS		7. STREET ADDRESS	1429 KASS Cir
CITY - ST - ZIP		8. CITY - ST - ZIP	Spring Hill, FL 34606
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

14. I declare to certify that the information supplied with this filing is true and correct and that my signatures shall have the same legal effect as if made under oath. That I am available or eligible to be the company's or the secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, 2, or 3 Block 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, or 21 of this report.

SIGNATURE: *Gina M. McNIFF* **GINA M. MCNIFF** *2/24/95* (904) 688-0210
 0300450 CP