

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

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95 MAR -1 PM 4: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

STATE OF FLORIDA
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

DOCUMENT # P94000073726 (9)

SENSATIONS HAIR DESIGN, INC.

Principal Place of Business **Mailing Address**
1429 KASS CIR 1429 KASS CIR
SPRING HILL FL 34606 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/07/1994			
22		27		4. FEI Number		Applied For	
23		28		59-3271936		Not Applicable	
24		25		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			

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 **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: _____ DATE: _____
(Print or type the registered agent's name, title, and firm's name) (Print the registered agent's caption required when mandated)

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 fully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this annual report is true and accurate 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 13 on this report, or on an attached report with my address.

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