

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 # **P94000073726 (9)**

1. Corporation Name

SENSATIONS HAIR DESIGN, INC.



Principal Place of Business

Mailing Address

1429 KASS CIR
SPRING HILL FL 34606

1429 KASS CIR
SPRING HILL FL 34606

3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report 03/01/1995
4. FLI Number 59-3271936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCAIFF, GINA
1429 KASS CIR
SPRING HILL FL 34606**

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

SIGNATURE

Signature of the corporation's registered agent (if the corporation is not the registered agent)

Signature of the Registered Agent (signature of the corporation's registered agent)

Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: P	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: MCAIFF, GINA	2. NAME:
3. STREET ADDRESS: 1429 KASS CIRCLE	3. STREET ADDRESS:
4. CITY, ST, ZIP: SPRING HILL FL	4. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: VP	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: BARONE, DEBRA	6. NAME:
7. STREET ADDRESS: 1429 KASS CIRCLE	7. STREET ADDRESS:
8. CITY, ST, ZIP: SPRING HILL FL	8. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE:	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10. NAME:
11. STREET ADDRESS:	11. STREET ADDRESS:
12. CITY, ST, ZIP:	12. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE:	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	14. NAME:
15. STREET ADDRESS:	15. STREET ADDRESS:
16. CITY, ST, ZIP:	16. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE:	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	18. NAME:
19. STREET ADDRESS:	19. STREET ADDRESS:
20. CITY, ST, ZIP:	20. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE:	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	22. NAME:
23. STREET ADDRESS:	23. STREET ADDRESS:
24. CITY, ST, ZIP:	24. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina McNeill
GINA M. MCAIFF

1-31-96 (352)
1088-1710

CR2E034 (12/95)