

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 1429 KASS CIR, SPRING HILL FL 34606
 Mailing Address: 1429 KASS CIR, SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 26 1425 KASS Circle
 27 Suite, Apt. #, etc.
 28 Spring Hill Fla
 29 34606
 30 USA

3. Date Incorporated or Qualified: 10/07/1994
 4. FEI Number: 59-3271936
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MCNIFF, GINA
 1429 KASS CIR
 SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: MC NIFF GINA
 82 Street Address (P.O. Box Number is Not Acceptable): 1425 KASS Circle
 83
 84 City: SPRING HILL FL 85 Zip Code: 34606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCNIFF, GINA	
STREET ADDRESS	1429 KASS CIRCLE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARONE, DEBRA	
STREET ADDRESS	1429 KASS CIRCLE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINA MC NIFF	
1.3 STREET ADDRESS	1425 KASS CIRCLE	
1.4 CITY-ST-ZIP	SPRING HILL FL 34606	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEBRA BARONE	
2.3 STREET ADDRESS	1425 KASS CIRCLE	
2.4 CITY-ST-ZIP	SPRING HILL FL 34606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

CR2E034 (5/98)

408/26

SIGNATURE: GINA MC NIFF
 (352) 408-2610

PJ2

8-15-98

To Whom it may concern.

Please be advised that I did not receive the first notice. It was sent to the wrong address. We have not moved but our addresses were changed by Post Office. I called your office & explained to a lady. & she advised me to write this letter with a check for \$150.00 & explain what happened. Thank you kindly

Sersatco's Hair Design
address is 1425 Kass Circle
Spring Hill
Florida 34606