

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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 1429 KASS CIR | 26 | 1425 KASS Circle | 10/07/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-3271936 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| 23. Spring Hill Fla | | 28. Spring Hill Fla | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Zip | | 29. Zip | | 6. Election Campaign Financing Trust Fund Contribution | |
| 34606 | | 34606 | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| USA | | USA | | <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 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 _____ (NOTE: Registered Agent signature required when relistening) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------|------------------|---|-----------------------|
| TITLE: P | MCNIFF, GINA | 1.1 TITLE: P | GINA MC NIFF |
| NAME: MCNIFF, GINA | 1429 KASS CIRCLE | 1.2 NAME: GINA MC NIFF | 1425 KASS Circle |
| STREET ADDRESS: 1429 KASS CIRCLE | SPRING HILL FL | 1.3 STREET ADDRESS: 1425 KASS Circle | SPRING HILL Fla 34606 |
| CITY-ST-ZIP: SPRING HILL FL | | 1.4 CITY-ST-ZIP: SPRING HILL Fla 34606 | |
| TITLE: VP | BARONE, DEBRA | 2.1 TITLE: VP | DEBRA BARONE |
| NAME: BARONE, DEBRA | 1429 KASS CIRCLE | 2.2 NAME: DEBRA BARONE | 1425 KASS Circle |
| STREET ADDRESS: 1429 KASS CIRCLE | SPRING HILL FL | 2.3 STREET ADDRESS: 1425 KASS Circle | SPRING HILL Fla 34606 |
| CITY-ST-ZIP: SPRING HILL FL | | 2.4 CITY-ST-ZIP: SPRING HILL Fla 34606 | |
| TITLE: | | 3.1 TITLE: | |
| NAME: | | 3.2 NAME: | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP: | |
| TITLE: | | 4.1 TITLE: | |
| NAME: | | 4.2 NAME: | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: | |
| TITLE: | | 5.1 TITLE: | |
| NAME: | | 5.2 NAME: | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: | |
| TITLE: | | 6.1 TITLE: | |
| NAME: | | 6.2 NAME: | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 6.4 CITY-ST-ZIP: | |

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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

(352)

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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