

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SPECIAL MAILING  
REGISTRY CENTER  
P.O. BOX 1600  
TALLAHASSEE, FL 32314-1600

APPROVED  
AND  
FILED

9:58

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092436 (2)

LIMELIGHT HAIR SALON, INC.

2. Principal Office Address	2a. Mailing Address
6016 NW 7TH AVE MIAMI FL 33127	6016 NW 7TH AVE MIAMI FL 33127

21. State Agent #	22. City & State	23. City & State	24. City	25. State	26. City	27. State	28. City	29. State	30. City
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DO NOT WRITE IN THIS SPACE

3. Date first created or renewed	3a. Date of Last Report
12/20/1994	
4. FIC Number	<input checked="" type="checkbox"/> Applied Fee <input type="checkbox"/> New Applicant
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Director's Certificate of Approval	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation is liable for enterprise tax under 19-119 of the Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, JANICE 6016 NW 7TH AVE MIAMI FL 33127	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. State

11. Pursuant to the provisions of Sections 190.001 and 190.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered principal office 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 implications of Sections 190.001 and 190.002, Florida Statutes.

SIGNATURE \_\_\_\_\_ OFFICE OF THE REGISTERED AGENT \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL REGISTERED AGENTS																																	
<table border="1"> <tr> <td>NAME</td> <td>D HARRIS, JANICE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6016 NW 7TH AVE</td> </tr> <tr> <td>CITY</td> <td>MIAMI FL 33127</td> </tr> </table>	NAME	D HARRIS, JANICE	STREET ADDRESS	6016 NW 7TH AVE	CITY	MIAMI FL 33127	<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information required with this filing is voluntarily furnished and true and correct, for the reasons here stated or has been verified by me. I hereby state that I have read the information filed hereon for the incorporation or supplemental annual report of this corporation and that my signature shall have the same legal effect as if I were personally a signor of the certificate of incorporation or the first annual report of this corporation. This report is required by Chapters 190 and 191 of the Florida Statutes, and that my master appointment hereon shall be terminated on the effective date of this filing.

SIGNATURE: *Janice Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OR OFFICER OR DIRECTOR  
JANICE HARRIS

4/24/95 305 7581341