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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000003706 (5)**

1. Corporation Name

FICKLE FOLLICLE HAIR SALON, INC.



Principal Place of Business

Mailing Address

1363 SW 121ST AVE
PEMBROKE PINES FL 33025

1363 SW 121ST AVE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

3a. Date of Last Report

01/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, MONTROSE
1363 SW 121ST AVE
PEMBROKE PINES FL 33025

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

1.1 TITLE

Change Addition

NAME

BLAKE, MONTROSE

1.2 NAME

STREET ADDRESS

1363 SW 121ST AVE

1.3 STREET ADDRESS

CITY-ST-ZIP

PEMBROKE PINES FL 33025

1.4 CITY-ST-ZIP

TITLE

D

DELETE

2.1 TITLE

Change Addition

NAME

BLAKE, DALIAH

2.2 NAME

STREET ADDRESS

1363 SW 121ST AVE

2.3 STREET ADDRESS

CITY-ST-ZIP

PEMBROKE PINES FL 33025

2.4 CITY-ST-ZIP

TITLE

D

DELETE

3.1 TITLE

Change Addition

NAME

MCKNIGHT, VERNA

3.2 NAME

STREET ADDRESS

1053 SW 121ST AVE

3.3 STREET ADDRESS

CITY-ST-ZIP

PEMBROKE PINES FL 11023

3.4 CITY-ST-ZIP

TITLE

D

DELETE

4.1 TITLE

Change Addition

NAME

D

STREET ADDRESS

D

4.2 NAME

CITY-ST-ZIP

D

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

DELETE

5.1 TITLE

Change Addition

NAME

D

STREET ADDRESS

D

5.2 NAME

CITY-ST-ZIP

D

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

D

DELETE

6.1 TITLE

Change Addition

NAME

D

STREET ADDRESS

D

6.2 NAME

CITY-ST-ZIP

D

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Montrose Blake*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

305-9875222

Daytime Phone #

CR2E034 (12/95)