

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 # P95000014313 (7)

1. Corporation Name

TOTAL CONCEPT HAIR RESTORATION CENTER III, INC.



Principal Place of Business

1920 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306

Mailing Address

1920 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65055 8491

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTORO, FRANCIS X ESQ
2100 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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

Francis X Castoro
Signature of person or persons authorized to register agent and this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

VENTIMIGLIA, LEONARD A

STREET ADDRESS

2800 N.E. 35TH STREET

CITY, ST, ZIP

FORT LAUDERDALE FL 33308

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

100001733641
-03/06/96--01023--002
***200.00

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 *Leonard A Ventimiglia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 305-3963700
Date Daytime Phone #

CR2E034 (12/95)