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

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

P95000043689 (5) **DOCUMENT #**

PARK PLAZA HAIR DESIGNS, INC.



Principal Place	of Business	Mailing Addre	ess				r cantonr ton recot prote paste abite april porit prade filia bliff (filia 1811 188)		
8641 REGENCY PARK BLVD. PORT RICHEY FL 34668			8641 REGENCY PARK BLVD. PORT RICHEY FL 34668						
		· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 05/30/1995	3a. Date	of Last Report	
	ace of Business	2a. Mailing Ad	ldress			4. FEI Number		Applied For	
21 Suita Ant	# at a	26				59-3315754		Not Applicable	
Suite, Apt.		27				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & Sta 28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zφ	h			8. This corporation has liability for	intarigible ta	ax under s 199.032	
24	25 9. Name and Address of Cur	[29]	30	30		Florida Statutes 🔀 Yes 🗌 No			
	a. Hame and Address of Cur	rent Registered Age)[1	10. Name and Address of New	Registered	Agent	
MADTIN	IES, TAMMY			81	Nam	3			
8641 RE	EGENCY PARK BLVD.				Stree	Street Address (P.O. Box Number is Not Acceptable;			
PORT R	IICHEY FL 34668			63					
				84	City			las Z. O. II	
					′		FL	85 Zip Code	
11. Pursuant b	o the provisions of Sections 607.05 Education, or both, in the State of Fl	502 and 607 4508, Flo Inrida: Such charge ve	rida Statutes, the	above r	named	corporation submits this statement for the push shoard of directors. Hyreby, accept the app	rpose of cha	inging its registered office	
familiar wit	wand accept the obligations of S	ection 607,050s, Floric	a Statutos	and corp	2 / a	s board or directors. Thereby accept the app	iointment as	registered agent. Lam	
SIGNATURE	X Juwie	ミノロンピッ	1 (11))X/	M/I	KINCI MES	5//10	iC,	
12.		Initialy the facilitiates			ا څنل ارياده و	terpited standard, datego	DATE		
TITLE	D OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
NAME	MARTINES, TAMMY	Пο	ELETE	1 TITLE		PD	Þ	Change 🔲 Addition	
STREET ADDRESS	9927 ISLAND HARBOR DE	N/E		1.2 NAME					
CITY - ST - ZIP	PORT RICHEY FL 34668	1146	ľ	13STHEET	ADDRESS				
TITLE	TOTAL TROTIES TE OTOGO			14 CHY-S	T - 21P				
NAME				2 1 TITLE			_] Change Addition	
STREET ADDRESS				2 2 NAME					
CITY - ST - ZIF				2 3 STREET					
TITLE				2.4 CHY-S 3.1 THLE	F ZIP				
NAME		L.J (/		3 THILE			L	Change 🔲 Addition	
STREET ADDRESS				32 NAME 33 STREFT	Africance				
CITY-ST-ZiP									
THLE		DI		3.4 CITY-S' 4. 1 TiTLE	- ZIP		- -	Chacas El Addition	
NAME		<u></u>		4.2 NAME			L] Change 🔛 Addition	
STREET ADDRESS				4.3 STHEET	2249UUA				
CHTY - ST - ZIP				4 4 CITY - SI					
THLE		10		5 1 THE				Change Addition	
NAME		_		2 NAME			_	l curalide [] Manutali,	
STREET ADDRESS				3 STREET	ADDRESS				
CITY ST-ZIF				4 CITY-SI					
TITLE		D8		1 TITLE		<u> </u>	ī	Change Addition	
NAME			. 6	2 NAME			_	1 2.	
STREET ADDRESS			1 6	3 STREE: J	ADDRESS				
CITY-ST-ZIP				4 CHY ST					
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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 trust my signature shall have the same legal effect as it 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:

SIGNAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR