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 # P95000048523 (1)

1. Corporation Name

HAIR BY K.P., INC.

Principal Place of Business	Mailing Address
P.O. BOX 152779 TAMPA FL 33684-2779	P.O. BOX 152779 TAMPA FL 33684-2779

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report:

2. Principal Place of Business
21 5851 ESTES LANE
Suite, Apt. #, etc.
22
City & State
23 WESLEY CHAPEL, FL.
Zip 24 33544 Country 25

2a. Mailing Address
26 5851 ESTES LANE
Suite, Apt. #, etc.
27
City & State
28 WESLEY CHAPEL, FL.
Zip 29 33544 Country 30

4. FEI Number: 59-3326826 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~[illegible]~~ Bill Hirsch
~~[illegible]~~ 608 Horatio St
~~TA[illegible]~~ Tampa, FL 33606

10. Name and Address of New Registered Agent

81 Name: Karen Patel
82 Street Address (P.O. Box Number is Not Acceptable): 5851 Estes Lane
83
84 City: Wesley Chapel, FL 85 Zip Code: 33544

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: Karen Patel — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 7-14-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PATEL, KAREN A	
STREET ADDRESS	5851 ESTES LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600001899156	☐ Change ☐ Addition
6.2 NAME	-07/19/96--01014--035	
6.3 STREET ADDRESS	***200.00	
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: Karen Patel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7-28-96 — Daytime Phone #: 813-973-3392

CR2E034 (12/95)