

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**APPROVED AND FILED**

96 SEP -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000059511 (2)**

1. Corporation Name

**A FLORIDA LOOK SALON, INC.**



Principal Place of Business: **233 SOUTH DILLARD STREET WINTER GARDEN FL 34786**  
Mailing Address: **233 SOUTH DILLARD STREET WINTER GARDEN FL 34786**

2. Principal Place of Business: **21 1610 1st Street South**  
2a. Mailing Address: **26 130 JERICA Ln.**  
Suite, Apt. #, etc.: **22**  
City & State: **23 Winter Haven, FL**  
City & State: **28 Davenport, FL**  
Zip: **24 33880** Country: **25 Polk** Zip: **29 33837** Country: **30 POLK**

3. Date Incorporated or Qualified: **07/31/1995**  
3a. Date of Last Report: **07/31/1995**  
4. FEI Number: **59-322 9238**  
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  
**HAYS, THOMAS M  
233 SOUTH DILLARD STREET  
WINTER GARDEN FL 34786**

10. Name and Address of New Registered Agent  
**81 Name Hayes, Thomas M.  
82 Street Address (P.O. Box Number is Not Acceptable) 130 JERICA Ln.  
83  
84 City Davenport FL 85 Zip Code 33837**

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: \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, CONNIE	
STREET ADDRESS	233 SOUTH DILLARD STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34786	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, THOMAS M	
STREET ADDRESS	233 SOUTH DILLARD STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34786	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hayes, Connie
13 STREET ADDRESS	130 JERICA Ln
14 CITY-ST-ZIP	Davenport, FL 33837
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HAYES, THOMAS
23 STREET ADDRESS	130 JERICA Ln
24 CITY-ST-ZIP	Davenport, FL 33837
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	10000194321
33 STREET ADDRESS	-09/17/96--01110--012
34 CITY-ST-ZIP	****375.00 ****375.00
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-96

941-899-6915

CR2E034 (3/96)