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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEFARTMENTOF STATE Sandra B. Morth: m. Secretary of State
DIVISION OF CORPORATIONS

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ABOUT HAIR & NAILS, II	NC.
Principal Place of Business	Mailing Address
1852 US HWY 1 ROCKLEDGE FL 32955	1852 US HWY 1 ROCKLEDGE FL 32955

DOCUI	MENT # P950	00068435 (	(3)				
•	JT HAJR & NAILS, INC.						
Principal Place	of Business	Mailing Address			T TREATURE OF TRADE DEST RADIO EL	1381 WOLEH WOOD BOLD 18841 O	HOOD HINDI DEHI HOOT
		1852 US HWY 1 ROCKLEDGE FL 32					
					3. Date incorporated or Qualified 09/06/1995	3a. Date of Last F	Report
	Principal Place of Business 2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21]		26			59-3333122		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State	3	City & State			& Floring Commiss Finance	ree	Required
23	•	28			Election Campaign Financing     Trust Fund Contribution	1 1	May Be
Zip	Country	Zip	Count	У	8. This corporation has liability for		
24	25	29	30		Florida Statutes	□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	legistered Agent	
			8	1 Name	Same		
	NGER, DEBBY		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	nle)	
	US HWY 1						
ROCKI	LEDGE FL 32955		8	3			
			8	4 Orty		FL 85 Z	p Code
11. Pursuant t	to the provisions of Sections 607,0503	2 and 607.1508. Florida Statu	ites, the above	named come	pration submits this statement for the pur	TL	ragistered office
or register familiar wit	ed agent, or both, in the State of Flori	ida. Sash change was authori Longx07 0505. Elooda Statute	zed by the co	rporation's bo	ard of directors. Thereby accept the appoint	ointment as registered	Lagent. Lam
SIGNATURE	Delphi SO		ю.			4-200	16
	Signature it pool or profest run els registers tagen	if and the in application in the	TE Registered Au	jer tissjoutine regur	eci when constatneji	EATH	<b>7</b>
12.	Y	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	PRS IN 12
THILE	Vice President	☐ DELETE	1 1 T.TL	F		☐ Criange	Add-tion
NAME	Barry E. Cole		1.2 NAM	÷			
STREET ADDRESS	572 Sylvia Rd		1.3 STREET ADDRESS				
CITY-ST-ZIP THILE	MARY WARPONAVE	F1 32904	1.4.0(1)				
NAME	President	☐ nerre ie	2 1 1111	ì		Change	Addition '
STREET ADDRESS	Dabby Roblinger 4585 Willow Blad		2 2 NAM	·			
CITY-ST-ZiP	Melbourne FL 3	7853	2 3 STRE	ET ADORESS			
TITLE	· IOI DESAVITE VC =	DELETE	3 1 11/10			☐ Change	nc tibbA
NAME			3.2 NAM	-		onlying	L. Hadari Sir
STREET ADDRESS			3.3 STRE	EET ADDRESS			
CITY - ST - ZIP			3.4 Crty	ST-ZIP			
TITLE		DELETE	4 1 TiTLI			☐ Change	Addition
NAME			4.2 NAM6	ŧ			
STREET ADDRESS			4.3 STRE	EL ADDRESS			
CITY-ST-ZIP		□ 66 crc	4.4 C+TY				
TITLE		☐ DELETE	5 17 118	i		☐ Change	Addition
NAME STREET ADDRESS			5 2 NAM5				
CITY-ST-ZIP				EL ADDRESS			
TITLE	•	DELETE	5.4 C(TY) 6.1 F(T)				Addition.
NAME			6 2 NAME	-	2កិត្តិបញ្ជាន់ខ្	742 <b>62</b> 2.	
STREET ADDRESS				ET ADOPESS	50000186 -06/20/96010 ***200.00	144~-U1Z	
CITY-ST-ZIP			6 4 CITY -	- ST - ZIP			
14. I do hereby	y certify that the information supplied the information indicated on this applied	with this filing is voluntarily fun	nished and do	es not qualify:	for the exemption stated in Section 119.	07(3)(k), Florida Statul	es I further

certify that the information indicated on this annual report or supplemental and 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 it changed, or on an attacking it with an addiress.

SIGNATURE:

BIGNATURE SIGNATURE OF PRINTED NAME OF SIGNAT OFFICER OF DIRECTOR

Dayling Prints II.

OFFICER OR DIRECTOR

(15 5/1/41