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 # P95000071959

1. Corporation Name

C + K Haircutters

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12-1-95	3a. Date of Last Report: N/A
4. FEI Number: 59-3341287	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3005 W Lake Mary Blvd	26 3005 W Lake Mary Blvd
Suite, Apt. #, etc. 22 # 118	Suite, Apt. #, etc. 27 # 118
City & State 23 Lake Mary Fl	City & State 28 Lake Mary Fl
Zip 24 32746 Country 25 Seminole	Zip 29 32746 Country 30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Cheryl L Andrews
82 Street Address (P.O. Box Number is Not Acceptable): 142 Varsity Cir
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Cheryl L Andrews President DATE: 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1 TITLE: President 1 2 NAME: Cheryl L Andrews 1 3 STREET ADDRESS: 142 Varsity Cir 1 4 CITY-ST-ZIP: Altamonte Springs Fl 32714 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 1 TITLE: Sec./Treas. 2 2 NAME: Keith W Andrews 2 3 STREET ADDRESS: 142 Varsity Cir 2 4 CITY-ST-ZIP: Altamonte Springs Fl 32714 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 000001897510 -07/18/96--01013--032 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

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: Cheryl L Andrews 4-30-96 3285100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #