

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072888 (7)

1. Corporation Name

TOPPER'S HAIR CO.



Principal Place of Business

Mailing Address

1057 HILLSBORO MILE #424
HILLSBORO BEACH FL 33062

1057 HILLSBORO MILE #424
HILLSBORO BEACH FL 33062

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1449 Yamato Rd.

26 1449 Yamato Rd

4. FEI Number

65-0608227

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

33432

USA

33432

30 Country

USA

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SICILIANO, THOMAS V
980 NORTH FEDERAL HWY. #440
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
CARLSON, FAITH
STREET ADDRESS 1057 HILLSBORO MILE #424
CITY - ST - ZIP HILLSBORO BEACH FL 33062

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P
CARLSON, BETH
1.3 STREET ADDRESS 1057 HILLSBORO MILE #424
1.4 CITY - ST - ZIP HILLSBORO BEACH, FL. 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V
CARLSON, ROBERT
2.3 STREET ADDRESS 1057 HILLSBORO MILE #424
2.4 CITY - ST - ZIP HILLSBORO BEACH, FL. 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S
GINGRAS, GREGORY
3.3 STREET ADDRESS 261 NE 19th AVE. #9
3.4 CITY - ST - ZIP DEERFIELD BEACH, FL. 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T
GINGRAS, FAITH CARLSON
4.3 STREET ADDRESS 261 NE 19th AVE. #9
4.4 CITY - ST - ZIP DEERFIELD BEACH, FL. 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Beth Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-96 954-941-7911

DAY

Telephone #

CR2E034 (3/96)