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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	C	Secretary of : DIVISION OF CORP					
1. Corporation	MENT # P9 I'S HAIR 90'S INC.	500008035	1 (6)					
							ANG ( <b>4</b> 11 <b>8</b> 1 418) 1 <b>6</b> 21	
Principal Place of Business		Mailing Addr	ess			(		
1451 W. BUSCH BLVD. Tampa Fl 33612		1451 W. BU Tampa Fl. :						
					Date Incorporated or Qualifie     10/17/1995	3a. Date of Las	t Report	
2. Principal Pla 21	lace of Business	2a. Mailing A	ddress		4. FEI Number	1	Applied For	
Suite, Apt.	#, etc.	26 Suite, Ap	it # atc		59-354	5369	Not Applicable	
22		27	i. N, GIG.		5. Certificate of Status Desired		75 Additional	
City & State	3	City & Sta	ato		6. Election Campaign Financing	\$5	ee Required .00 May Be	
23   Zip	Country	28		77.181	Trust Fund Contribution	Ad	ded to Fees	
24	25	Z <sub>i</sub> p	30	Country	8. This corporation has liability to	or intangible tax under	s 199.032,	
		of Current Registered Age	nt		Florida Statutes Y  10. Name and Address of Name	res No	cam.	
				81 Name	Sur Anlater	-20 a A	SHIIIE	
	NE, SUSAN M			82 Street A	ddress /P.O. Box Number is Not Accept	A A A		
1451 W. I TAMPA F	BUSCH BLVD.				1451 W. B	USOH	BLUD.	
IAMEA E	L 33612			83	+AMDA	<i>U</i> ————	the second	
				84 City	1-1-11-1-1-1-	85	Zin Code	
11. Pursuant to	o the provisions of Sections	607.0502 and 607.1508, Fic	erida Stalutes, the a	hove named con	and a should this alstomant for the	FL   °	336/2	
or registere familiar with	ad agent, or both, in the Sta h. and accept the obligation	ite of Florida Such change was of Section 607,0505, Flori	as authorized by the	e corporation's b	poration submits this statement for the p poard of directors. I hereby accept the ap	ourpose of changing its oppintment as register	s registered office ed agent. I am	
SIGNATURE	SUSANJADE	CRAENIE	FORRA	PRI	ESIDENT			
12.	Signature por control of reco	m. Deco	(NOTE Days)	Agent signature req	Jurod when remistating)	4-25	• •	
TITLE	Urris	CERS AND DIRECTORS	SELETE		ADDITIONS/CHANGES TO OF			
NAME		Lju		1 TITLE	PRESIDENT	<b>□</b> Change	e 🔲 Addition	
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TITLE			14		SUSAN FERM	ASCUR		
NAME			E. C.	I CITY-ST-ZIP	TAMPA FL	A, 3361	<i>&gt;</i>	
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CITY-ST-ZIP			DELETE 2.1 2.2	I CITY-ST-ZIP	TAMPA FL	A, 3361	<i>&gt;</i>	
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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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR FELLO 4-25-96 (813)

CR2E034 (12/95)