

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 # P95000089583 (5)

1. Corporation Name

BROTHERS & SISTERS HAIR SALON, INC.

Principal Place of Business

Mailing Address

2503 NORTH ANDREWS AVENUE
WILTON MANORS FL 33311

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WILTON MANORS FL 33311

FILED

96 AUG 26 PM 2:30

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/20/1995

4. FEI Number

Applied For

65-0655748

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

10. Name and Address of New Registered Agent

PREMIER MANAGEMENT COMPANY
1861 WEST OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

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]

JEAN R. CEINOR, President of Premier Management Co.

(Print Name of Agent and Signature Required When Not Applicable)

Date 7-25-96

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☐ DELETE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☐ DELETE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☐ DELETE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☐ DELETE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ DELETE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE ☐ DELETE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE ☐ DELETE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☐ Change ☒ Addition

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 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 included 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:

[Signature] JEAN R. CEINOR

7-25-96

954-630-0140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (3/96)