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 # P95000095281 (8)

1. Corporation Name

SPECIAL EFFECTS HAIR COLORISTS, INCORPORATED

Principal Place of Business	Mailing Address
C/O F/X HAIR - JOSEPH LOMBARDO 8885 W COLONIAL DR OCOEE FL 34761	C/O F/X HAIR - JOSEPH LOMBARDO 8885 W COLONIAL DR OCOEE FL 34761

3. Date Incorporated or Qualified: 12/15/1995
3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-3201755 ☐ 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

9. Name and Address of Current Registered Agent

LOMBARDO, JOSEPH
8885 W COLONIAL DR
OCOEE FL 347L6-1

10. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	JOSEPH LOMBARDO	
STREET ADDRESS	695 COUNTY Rd. Rt. 476 EAST	
CITY-ST-ZIP	BUSHNELL, FL. 33513	
TITLE	SEC/TREASERER	☐ DELETE
NAME	CATHERINE LOMBARDO	
STREET ADDRESS	695 COUNTY Rd. Rt. 476 EAST	
CITY-ST-ZIP	BUSHNELL, FLORIDA 33513	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	RUBY LOMBARDO	
STREET ADDRESS	1247 E. SCHWARTZ BLVD.	
CITY-ST-ZIP	LADY LAKE, FL. 32159	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900001869489	☐ Addition
6.2 NAME	-06/20/96--01039--034	
6.3 STREET ADDRESS	***200.00	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH LOMBARDO PRESIDENT — 4/30/96 — 407 7489671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OS 5/1/96

CR2E034 (12/95)