SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUG[illegible] 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R[illegible]NSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMEN[illegible]F STATE
Sandra B. Mort[illegible]n
Secretary of St[illegible]
DIVISION OF CORPO[illegible]ATIONS

DOCUMENT # **P95000096516 (6)**

1. Corporation Name

COLOURS HAIR STUDIO OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4820 N UNIVERSITY DR **LAUDERHILL FL 33319**	**4820 N UNIVERSITY DR** **LAUDERHILL FL 33319**

3. Date Incorporated or Qualified: **12/18/1995**

3a. Date of Last Report: ←

4. FEI Number: 65-0654458 ☐ 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 4820 N UNIVERSITY DR.	26 4820 N UNIVERSITY DR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: LAUDERHILL, FLA	28 City & State: LAUDERHILL, FLA
24 Zip: 33351 25 Country: USA	29 Zip: 33351 30 Country: USA

9. Name and Address of Current Registered Agent

SMITH, SANDRA L
4820 N UNIVERSITY DR
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name: Sandra Smith
82 Street Address (P.O. Box Number is Not Acceptable): 4820 N. University Dr.
83 Lauderhill
84 City: FL 85 ZIP Code: 33351

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: Sandra B. Smith P. 7/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SANDRA L 4820 N UNIVERSITY DR LAUDERHILL FL 33319	☐ DELETE	D SMITH, SANDRA L 4820 N UNIVERSITY DR. LAUDERHILL, FLA. 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONLON, MARY G 4820 N UNIVERSITY DR LAUDERHILL FL 33319	☐ DELETE	D CONLIN, MARY G 4820 N. UNIVERSITY DR LAUDERHILL, FLA. 33351	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition

CR2E034 (3/96)

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: Sandra B. Smith P. 7/10/96 (954)742-5357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone