## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096516 (6)

COLOURS HAIR STUDIO OF SOUTH FLORIDA, INC.

2. Principal Place of Business 2a. Mailing Address 4. 25 21 26 Suite, Apl. #, etc. 5. Suite, Apl. #, etc. 6. 27 Suite, Apl. #, etc. 6. 28	Election Campaign Financing Trust Fund Contribution This corporation has liability for in Florida Statutes Name and Address of New Reg  O. Box Number is Not Acceptable In submits this statement for the purporard of directors. I hereby accept	Yes No stered Agent  )  FL 85 Zip Code
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City & State  City & State  City & State  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  28  9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. SMITH, SANDRA L  4820 N. UNIVERSITY DR.  LAUDERHILL FL 33351  82  Sirect Address (F  83  84  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of fice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's tagent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.  SIGNATURE  Signature, bysed or protect agent and fille if applicable.  OFFICERS AND DIRECTORS  13.  TITLE  NAME  SMITH, SANDRA L  4820 N UNIVERSITY DR  LAUDERHILL FL 33351  14 CITY-ST-ZIP  TITLE  D DELETE  1.1 TITLE  NAME  CONLIN, MARY G  4820 N UNIVERSITY DR  LAUDERHILL FL 33351  DELETE  2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  3.1 TITLE  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMAE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMAE  ANAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMAE  DELETE  4.1 TITLE  AA A CITY-ST-ZIP  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  AA A CITY-ST-ZIP  TITLE  AA A CITY-ST-ZIP  TITLE  AA A CIT	Election Campaign Financing Trust Fund Contribution This corporation has liability for in Florida Statutes Name and Address of New Reg  O. Box Number is Not Acceptable In submits this statement for the purporard of directors. I hereby accept	Fee Required  \$5.00 May Be Added to Fees langible tax under s. 199.032, Yes No stered Agent    Agent   Agent
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Zip Country Zip Country 7 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10	This corporation has liability for in Florida Statules  Name and Address of New Reg  O. Box Number is Not Acceptable  n submits this statement for the purporat of directors. I hereby accept	apgible tax under s. 199.032, Yes  No stered Agent    No
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. SMITH, SANDRA L 4820 N. UNIVERSITY DR. LAUDERHILL FL 33351 82 Street Address (F 83 Registered agent, or both, in the State of Florida. Such change was authorized by the corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's tagent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and alter if appreciable. (NOTH toglistered Agent signature required when the street address.)  12. OFFICERS AND DIRECTORS 13. Intille NAME SIREET ADDRESS CITY-ST-ZIP  TITLE D LAUDERHILL FL 33351 14 CITY-ST-ZIP TITLE D CONLIN, MARY G 4820 N UNIVERSITY DR 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D LAUDERHILL FL 33351 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME 4.2 NAME	Florida Statutes  Name and Address of New Reg  O. Box Number is Not Acceptable  n submits this statement for the purpoard of directors. I hereby accept	Yes No stered Agent  )  FL 85 7ip Code
9. Name and Address of Current Registered Agent  SMITH, SANDRA L 4820 N. UNIVERSITY DR. LAUDERHILL FL 33351  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's lagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prated name of registered agent and late if applicable. (NOTF Registered Agent signature required when the state approach to the provision of the corporation's lagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prated name of registered agent and late if applicable. (NOTF Registered Agent signature required when the state approach to the provision of the corporation's lagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  DELETE  1.3 ITILE  NAME  4820 N UNIVERSITY DR  LAUDERHILL FL 33351  1.4 CITY-SI-ZIP  TITLE  NAME  DELETE  3.1 TITLE  NAME  AUDERHILL FL 33351  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  DELETE  3.1 TITLE  NAME  AUDERHILL FL 33351  DELETE  3.1 TITLE  NAME  AUDERHILL FL 33351  AUDERHILL FL 3	O. Box Number is Not Acceptable  n submits this statement for the purposed of directors. I hereby accept	FL 85 7ip Code
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Information indicated on this annual report or supplemental annual report is true and accurate and that my sill am an officer or director of the corporation or the receiver or trustee empowered to execute this report as re	ction 119,07(3)(i). Florida Statutes	I further certify that the

CIONATURE.

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Ques .

4/2/1/97 964-742-52

**FILED** 

May 09 1997 8:00am

Secretary of State