## 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 # P9600002105 (0)

RAINBOW HAIR DESIGN, INC.

## **FILED** Mar 12 1997 8:00am Secretary of State



Principal Place of Business HAINES CITY PLAZA UNIT 3 HAINES CITY FL 33844			HAINES C	Mailing Address HAINES CITY PLAZA UNIT 3 HAINES CITY FL 33844										
								Ī	3. Date Incorporated 01/02/1996	d or Qualified	3a. Da	te of La	ast Re	port
2. Principal	Place of Busine	ss	2a. Mailir	ng Address				<del>-</del>	4. FEI Number	<del></del>			App	lied For
21			26	26				1	59-3349647			Not Applicable		
Suite, Ap	ot #, etc		Suite 27	, Apt. #, etc.	****				5. Certificate of State			•	<b>75</b> Ac	dditional uired
City & St	ale		City &	S State					6. Election Campaig	n Financing		\$5.	.00 A	/lay Be
:3			28		<b>,</b>				Trust Fund Contri	bution			ded to	
Zφ	-	Country	Zφ		<b>}</b>	ountry	,		8. This corporation h				der s.	199.032,
24		5	29		30				Florida Statutes		Yes [			
		nd Address of Cur	rent Registered	Agent		-	r		10. Name and Addre	ss of New R	egistered /	Agent		
	sa, martin					81	Name							
	INES CITY PL INES CITY FL					82 Street Addre			ess (P.O. Box Number is Not Acceptable)					
						83								
						84	City				FL	85	Z <sub>P</sub> C	ode
ageni SIGNATURI 12.	<b>.</b>	r printed man er of tegestera d		able (NC		ered Age			's board of directors.  when reinstating)  ADDITIONS/CHAN		DATE			IN 12
SIGNATURE	<b>.</b>	r printed man er of tegestera d	lagent and tree if applic	able (NC	DIE Registe	ered Age			when reinstating)		DATE		CTORS	
SIGNATURE  12.  TITLE	Stgnature, typed o	openhad name of registers of OFFICERS A	lagent and tree if applic	able (NC	OTE Registe	ored Age			when reinstating)		DATE	DIREC	CTORS	
SIGNATURE  12.  TITLE	Stgnature, typed of PVST ROSA, MAI	openhad name of registers of OFFICERS A	lagent and tree if applic	able (NC	DIE Registe 1.1	ered Age 3. I TITLE 2 NAME			when reinstating)		DATE	DIREC	CTORS	
SIGNATURE  117.  TITLE  NAME  STREET ADDRES	Stgnature, typed of PVST ROSA, MAI	OFFICERS A	lagent and tree if applic	able (NC	DIE Registe 1:11111111111111111111111111111111111	ered Age 3. I TITLE 2 NAME	ont signature		when reinstating)		DATE	DIREC	CTORS	
SIGNAT URE  12.  TITLE  NAME  STREET ADDRES  CITY ST-ZIP	PVST ROSA, MAI 14748 DAD	OFFICERS A	lagent and tree if applic	able (NC	DIE Regista 1,1 1,2 1,3	ered Age  3.  I TITLE  NAME  STREET	ont signature		when reinstating)		DATE	DIREC	OTORS ange	Addition
SIGNATURE  12.  TITLE  NAME	PVST ROSA, MAI 14748 DAD ORLANDO D ROSA, MAI	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824	lagent and tree if applic	ande (NC G DELETE	DIE Registe 1.1 1.2 1.3 1.4 2.1	3. I TITLE NAME STREET	ont signature		when reinstating)		DATE	DIREC	OTORS ange	Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRES  CITY STORE  THEE  NAME	PVST ROSA, MAI 14748 DAD ORLANDO D ROSA, MAI 14748 DAD	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ande (NC G DELETE	DIE Registe 1: 1.1 1.2 1.3 1.4 2.1	3. I TITLE NAME STREET CITY-S TITLE NAME	ont signature		when reinstating)		DATE	DIREC	OTORS ange	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  DITLE  NAME  SUBSELECTION  S	PVST ROSA, MAI 14748 DAD ORLANDO D ROSA, MAI	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ADDELETE (NC	DTE Registe  1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3	3. I TITLE NAME STREET CITY-S TITLE NAME	ont signature ADDRESS ST-ZIP ADDRESS		when reinstating)		DATE	DIREC Cha	CTORS ange	Addition
SIGNATURE  12.  THE  NAME  STREET ADDRES  OTY ST-709  HILE  NAME  STREET ADDRES  OTY ST-709	PVST ROSA, MAI 14748 DAD ORLANDO D ROSA, MAI 14748 DAD	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ande (NC G DELETE	DIE Registre 1.1. 1.1. 1.2. 1.3. 1.4. 2.1. 2.2. 2.3. 2.	OFFICE OF	ont signature ADDRESS ST-ZIP ADDRESS		when reinstating)		DATE	DIREC	CTORS ange	Addition
SIGNATURE  12.  101.  101.  101.  STREEL ADDRES  CITY ST. 709  101.  NAME  STREEL ADDRES  CITY ST. 709  TITLE  NAME	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ADDELETE (NC	DIE Registre Registra Registra Registra Registra Registra Registra Registra	ered age 3. I TITLE NAME STREET CITY-S I TITLE NAME STREET CITY-S I TITLE CITY-S I TITLE	ont signature  ADDRESS ST-ZIP  ADDRESS ST-ZIP		when reinstating)		DATE	DIREC Cha	CTORS ange	Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY ST-709  TITLE  NAME  STREEL ADDRES  CITY ST-709  TITLE	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ADDELETE (NC	DIE Registe  1.1  1.2  1.3  1.4  2.1  2.2  2.3  3.1  3.2  3.3	ored ago 3. I TITLE NAME STREET CITY-S ITITLE NAME CITY-S ITITLE NAME CITY-S ITITLE NAME TOTTLE NAME NAME NAME NAME NAME	ADDRESS ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP		when reinstating)		DATE	DIREC Cha	CTORS ange	Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY ST-7/P  TITLE  NAME  STREEL ADDRES  CITY ST-7/P  TITLE  NAME  STREEL ADDRES  CITY ST-7/P  CITY-ST-7/P	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE (NC	DIE Registe  1.1  1.1  1.2  1.3  1.4  2.1  2.2  3.1  3.3  3.3	3. I TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ADDRESS ADDRESS ADDRESS T-ZIP ADDRESS T-ZIP		when reinstating)		DATE	DIRECC Cha	OTORS ange ange	Addition  Addition
SIGNATURE  12.  101.E  NAME  STREET ADDRES  CITY ST-70P  TITLE  NAME  STREET ADDRES  CITY ST-70P  TITLE  CITY-ST-70P  TITLE  TITLE  TITLE	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	ADDELETE (NC	DIE Registe  1.1  1.1  1.3  1.4  2.1  2.2  2.3  3.1  3.2  4.1	ACTIVE STREET  A CITY-S  NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	DIRECC Cha	CTORS ange	Addition  Addition
SIGNATURE  12.  101.E  NAME  STREEL ADDRES  CITY ST-709  101.E  NAME  SIREEL ADDRES  CITY ST-709  TITLE  NAME  STREEL ADDRES  CITY ST-709  TITLE  NAME	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE (NC	DIE Registe  1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 3.1 3.2 4.4 4.4	ered Age 3. I TITLE P NAME S STREET I CITY-S S STREET I CITY-S S STREET I TITLE P NAME S STREET I TITLE P NAME 1 TITLE P NAME 1 TITLE 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 3 STREET 3 STREET 3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	DIRECC Cha	OTORS ange ange	Addition  Addition
SIGNATURE  12.  101.E  NAME  STREEL ADDRES  CITY ST-709  101.E  NAME  SIREEL ADDRES  CITY ST-709  THE  NAME  SIREEL ADDRES  CITY ST-709  THE  NAME  SIREEL ADDRES  CITY ST-709  THE  NAME  SIREEL ADDRES	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE (NC	DIE Rogisto  1.1  1.2  1.3  1.4  2.1  2.2  3.1  3.2  4.1  4.3	ered Age 3. I TITLE R NAME 3 STREET 1 CITY-S 1 TITLE R NAME 4 CITY-S 1 TITLE R NAME 2 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	DIRECC Cha	OTORS ange ange	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY ST-ZIP	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE	DIE Registe Re	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY STEZIO  TITLE	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE (NC	DIE Rogisto  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	DIRECC Cha	CTORS ange	Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY ST-ZIP  TITLE  NAME  STREEL ADDRES  CITY ST-ZIP  TITLE  NAME  STREEL ADDRES  CITY-ST-ZIP  TITLE  NAME  STREEL ADDRES  CITY-ST-ZIP  TITLE  NAME	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE	DIE Rogisto  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange	Addition Addition Addition
SIGNATURE  12.  10TE  NAME  STREEL ADDRES  CITY ST-700  TITE  NAME  SIREEL ADDRES  CITY ST-700  TITE  NAME  SIREEL ADDRES  CITY-ST-700  TITE  NAME  STREEL ADDRES  CITY-ST-700  TITE  NAME  STREEL ADDRES  CITY-ST-700  TITE  NAME  STREEL ADDRES  STREEL ADDRES  STREEL ADDRES  STREEL ADDRES	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE	DIE Rogisto  1:  1.1  1.2  1.3  1.4  2.1  2.2  3.3  3.3  3.4  4.5  5.5  5.5	OFFICE OF STREET  OFFICE OF STREET  OFFICE OF STREET  OFFICE OF STREET  OFFICE OFFICE OFFI  OFFICE OFFI  OFF	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange	Addition  Addition  Addition
SIGNATURE  12.  10TE  NAME  STREEL ADDRES  CITY ST-ZIP  THE  NAME  SIREEL ADDRES  CITY ST-ZIP  THE  NAME  SIREEL ADDRES  CITY ST-ZIP  THE  NAME  STREEL ADDRES  CITY-ST-ZIP	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE  DELETE	DIE Rogisto  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange singe	Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY ST-ZIP  TITLE	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE	11.1 1.2 1.3 1.4 2.1 2.2 2.3 3.4 3.4 4.4 5.5 5.5 5.6 6.6	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange singe	Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRES  CITY ST-709  TITLE  NAME  STREET ADDRES  CITY ST-209  TITLE  NAME  STREET ADDRES  CITY-ST-209  TITLE  NAME  STREET ADDRES  CITY-ST-219  TITLE  NAME  STREET ADDRES  CITY-ST-219  TITLE  NAME	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE  DELETE	DIE Ragisbara 1.1. 1.2 1.3 1.4 1.2 2.3 2. 3.1 3.4 1.4 4.5 5.5 5.6 6.6 6.6 6.6 1.1 1.1 1.2 1.3 1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange singe	Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREEL ADDRES  CITY STORE  TITLE  NAME  STREEL ADDRES  CITY STORE  TITLE	PVST ROSA, MAI 14748 DAE ORLANDO D ROSA, MAI 14748 DAE ORLANDO	OFFICERS A OFFICERS A RIA E ULY COURT FL 32824 RIA E ULY COURT	lagent and tree if applic	DELETE  DELETE  DELETE  DELETE	DIE Rogisto  1:  1:  1:  1:  1:  1:  1:  1:  1:  1	OFFICE OF THE PROPERTY OF THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		when reinstating)		DATE	Cha	CTORS ange singe	Addition Addition

The control of the comparison supplies which as mining tools not qualify in the exemption stated in Section 119.07(5)(i), 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 prector 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 allowing ment with an address.

SIGNATURE: