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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

Sandra B. <u>Mortham</u>

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9600002531 (7)

C & C HAIR DESIGN STUDIO, INC.

702 N GREENWOOD AVE 702 N GREENWOOD AVE CLEARWATER FL 34615 CLEARWATER FL 34615-4209 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 25 29 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HARRIS, CHARLES 702 N GREENWOOD AVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615** 83 84 City 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 a accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, (96/6) PREFICHARLES HARRIS DELETE Change Addition TITLE 1,1 TITLE GREENWOOD AVE NAME 1.2 NAME 702 N STREET ADDRESS CLEARWATER FL 1.3 STREET ADDRESS 34415 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE Schenlaue HARRIS 702 N GREENWOOD AVE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Learwater, FL 34618 CITY-ST-ZIP 2.4 CITY - ST - ZIP 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITL€ TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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 chapted, or on an attachment with an address.