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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000002799 (0)

1. Corporation Name  
STUDIO #1 - HAIR, INC.

Principal Place of Business  
2435 DEER MEADOW DRIVE  
APOPKA FL 32703

Mailing Address  
2435 DEER MEADOW DRIVE  
APOPKA FL 32703-7482



3. Date Incorporated or Qualified 01/05/1996  
3a. Date of Last Report

4. FEI Number 59-3350347  
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

21 STUDIO #1 HAIR

Suite, Apt. #, etc.  
22 2258 ALOMA AVE.,

City & State  
23 WINTER PARK, FL

Zip  
24 32792

Country

25

2a. Mailing Address

26 STUDIO #1-HAIR, INC.

Suite, Apt. #, etc.  
27 2435 DEERMEADOW DR.

City & State  
28 APOPKA, FL 32703

Zip  
29 32703

Country

30

9. Name and Address of Current Registered Agent

THAN, SUSAN  
2435 DEER MEADOW DRIVE  
APOPKA FL 32703

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: Susan N. Than

Signature of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME THAN, SUSAN  
STREET ADDRESS 2435 DEER MEADOW DRIVE  
CITY-ST-ZIP APOPKA FL 32703

TITLE TREASURER  
NAME THAN, JAMES  
STREET ADDRESS 2435 DEERMEADOW DR.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: Susan N. Than

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

DATE

407-629-1118

DAYTIME PHONE #

CR2E034 (9/96)