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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

May 13 1997 8:00am Secretary of State

DOCUMENT #	DOCOOOOCCOC	10
1. Cornoration Name	P96000006686	(O

VANSCO HAIR, INC. Principal Place of Business Mailing Address 14529 DIPLOMAT DRIVE 14529 DIPLOMAT DRIVE TAMPA FL 33613-2112 **TAMPA FL 33613** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intengible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VANSCO, MARC 14529 DIPLOMAT DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 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 it am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of registered agent and title it applicable (NOTE: Registered Agent algnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ___ Addition NAME VANSCO, MARC 1.2 NAME 14529 DIPLOMAT DRIVE STREET ADORESS 1.3 STREET ADDRESS **TAMPA FL 33613** 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZiP 44 CITY-SF-ZIP ■ DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE TOLE 6.1 TITLE

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied / ith this filing doe information indicated on this annual report or supplemental annual Lam an officer or director of the corporation of the receiver or trus s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if o

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

City - St - ZiP

(813) 265-0813

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

VANSCO	MENT # P9600() HAIR, INC.	0006686 (5) Mailing Address			
14529 DIPLOMA TAMPA FL 3361		14529 DIPLOMAT DRIVE TAMPA FL 33613-2112			
				3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	- · · · · · · · · · · · · · · · · · · ·	59 - 335586°	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Ro	iglatered Agent
	SCO, MARC 29 DIPLOMAT DRIVE				
	PA FL 33613		82 Street Add	lress (P.O. Box Number is Not Acceptal	DIE)
Fran	1 X 1 E 000 10		83		-
			84 City		85 Zip Code
					FL
 Pursuant office or i 	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida, Such change was a	es, the above-named cor uthorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent ta	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes.		printe appointment as registeres
SIGNATURE	Signature, typed or printed name of registered a	cent and hits it englished. AIOYE	Registered Agent signature requ		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	VANSCO, MARC		1.2 NAME		
STREET ADORESS	14529 DIPLOMAT DRIVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	TAMPA FL 33613	DE LETE	. 1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME		
CHY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE 2		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i .
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	a f	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREFT ADDRESS			4.3 STREET ADDRESS	•	4
TITLE		DELETE	4.4 City-SF-ZIP 5.1 Title		Change Addition
NAME		_ 5555.5	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		11/5//3/07
CITY+S1+ZIP			5.4 CITY-ST-ZIP		
TOLE		☐ DELETE	6.1 TITLE	/	Change Addition
NAME		_	6.2 NAME	0000021	88890
STREET ADDRESS		\frown	6.3 STREET ADDRESS	0000021 -05/22/9701	.124017
CITY-ST-ZIP	hu and futhat the lafe	and Albania I I and a second	6.4 CITY-ST-ZIP	***165_DD	
informatic Lam ari o	by certify that the Information suppli on indicated on this annual report or officer or director of the corporation to in Block 12 or Block 13 if changed.	simplemental annual report is tru he receiver or trustee empowe	ue and accurate and tha ered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	is. I further certify that the all effect as if made under oath; that statutes; and that my name

(813) 265-0813