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PROFIT CORPORATION ANNUAL REPORT

1997



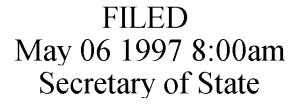
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025411 (5)

ESCAPE HAIR SALON INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|





| FIIIOIPAI FIAC | e or business | 14 | naming Address | | | | | | ****** | |
|------------------------------|---|------------|--|--------------|--------|--------------------|--|-------------------|-------------|--------------------------------|
| 2109 WEST CO ORLANDO FL S | | | 109 WEST COLONIAL D PRLANDO FL 32804-6946 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 03/18/1996 | 3a. Da | ite of Las | l Report |
| | lace of Business | h | Mailing Address | | | | 4. FEI Number 335 49 80 | | | Applied For |
| 21 | | 26 | | | | | 37-3301100 | | <u> </u> | Not Applicable |
| Sulte, Apt. | #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| City & Stat | е | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | |)0 May Be ed to Fees |
| Zip | Country 25 | 29 | Zip | 30 | untry | | This corporation has liability for Florida Statutes | intangible Yes | | er s. 199.032, |
| | 9. Name and Address of Currer | | | 1901 | | | 10. Name and Address of New Re | gistered | Agent | |
| I EW | 1S, JOHN G | | | , | 81 | Name | de de la companya de | | | |
| 2109 | WEST COLONIAL DRIVE | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | |
| ORL | ANDO FL 32804 | | | | 83 | | | | | |
| | | | | | 84 | City | | FL | 85 2 | ip Code |
| | | | | | 1 | L | | | | |
| office or r | registered agent, or both, in the State im familiar with, and accept the oblig | of Flor | rida. Such change was | authorize | d by | z the corpora | rporation submits this statement for the patient's board of directors. I hereby acce | ot the app | oinlment | as registered |
| SIGNATURE | Signature, lyped or printed name of registered ag- | ent and to | le if applicable (NC | Di Hegistere | d Age | ent signature requ | uired when reinstating) | DATE | - | |
| 12. | OFFICERS AN | O DIRE | C10RS | 13. | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECT | ORS IN 12 |
| TITLE | PD | | DELETE | 111 | ITLE | | | | Chan | ge Addition |
| NAME | LEWIS, JOHN G | | | 12 N | IAME | | | | | |
| STREET ADDRESS | 2109 WEST COLONIAL DRIVE | | | 1.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32804 | | | 1.4.0 | IIY-S | ST - 7(P | | | | |
| TITLE | VD | | DELETE | 2.1 T | ITLE | | | | Chan | ge 🔲 Addition |
| NAME | LEWIS, BRIDGETTE G | | | 2.2 N | IAME | 1 | | | | |
| STREET ADDRESS | 2109 WEST COLONIAL DRIVE | | | 2.3 \$ | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32804 | | | 2.40 | DITY-S | ST - ZIP | | | | |
| TITLE | | | DELETE | 3.1 7 | ΠιE | | | | ☐ Chan | ge Addition |
| NAME | | | | 321 | AME | | | | | |
| STREET ADDRESS | | | | 3.3 S | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | 1 | | • | 34 (| DITY-S | S1 - ZIP | | | | |
| TITLE | | | ☐ DEL FTE | 4.1 T | | | | | Chan | ge Addition |
| NAME | | | | 4. 21 | NAME | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | | | | |
| CITY-\$T-ZIP | | | | 4.4 0 | my-s | ST - ZIP | | | | |
| TITLE | | | DELETE | 5.1 T | ITLE | | | | Chan | ge 🔲 Addition |
| NAME | | | | 5.2 N | IAME | | | | | |
| STREET ADDRESS | | | | 5.3 \$ | TRLET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | | ST - Z IP | | | | |
| TITLE | | | DELETE | 6.1 1 | | | | | Chan | ge Addition |
| NAME | | | | 6.2 N | | | | | | |
| STREET ADDRESS | · | | | | | ADDRESS | | | | |
| | | | | | | ST - ZIP | | | | |
| CITY-ST-ZIP | by certify that the information supplies | d with | this filing does not aus | | | | ed in Section 119 07(3)(i). Florida Statute | s I furthe | r certify t | hat 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 frustee 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 on an attachment with an address.

4-28-97