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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600061044 (9)

CREA-TIF HAIR DESIGNS, INC.

Principal Place of Business

Mailing Address

## FILED May 08 1998 8:00am Secretary of State



4/120100

996 WESTWOOD SOUARE SUITE 1 OVIEDO FL 32765		996 WESTWOOD SQUARE SUITE 1 OVIEDO FL 32765		DO NOT WRITE IN THIS	. SPACE
				3. Date Incorporated or Qualified 05/14/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3am/	AL ShowL	26 Sane as	SHOW	59-3400762	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	irrent year Intangible
24	. 25		30		Yes 🔼 No
	9. Name and Address of Curre	ent Registered Agent	81 Name L	10. Name and Address of New Registered	Agent
- OVI	VNALL, KATHLEEN A REYNOLDS COURT DO FL 32765  o the provisions of Sections 607.00	io2 and 607.1508, Florida <b>St</b> atule	82 Street Add 83 84 City	Bay FL	of changing its registered
office or registered igenit, 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					
	Signal are 1997. For printed name of regelered a		Registered Agent signature requ		
12.	<del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	L DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, JEAN O		1.2 NAME		
STREET ADDRESS	2767 LOGONDALE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	BATTEN, MARTHA S		2.2 NÁMÉ		
STREET ADDRESS	1470 PELL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN FL 32764	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	\$## 35°	Change Addition
TITLE		_ ottil			C Change C Material
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.1 MAME		vgv r.aa/ton
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY - \$1 - ZIP		
CITY-\$T-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. I hereby o	ertify that the information supplied	with this filing does not qualify fo	r the exemption stated in	ri Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information
indicated officer or o	<b>on this</b> annual report or supplemen	ital annual report is true ànd ácci ceiver or trustee empowered to e	urate and that my signat	ture shall have the same legal effect as if made ut quired by Chapter 607, Florida Statutes; and that	inder oath; that I am an