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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072125 (3)

VALRICO HAIR & NAIL DESIGN, INC.

111F N VALRICO RD VALRICO FL 33594				111F N VALRICO RD VALRICO FL 33594-3163									
									3. Date Incorporated or Qualified 08/29/1996	3a. D.	ate of Last Re	eport	٦
	2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ap	plied For	1
21	21			26	26				59 · 339 7447 Not Applicable				٦
	Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22			27					3. Certificate of diatus Desired		Fee Re	quired	_	
City & State			С	City & State				6. Election Campaign Financing \$5.00 May Be				1	
23				28				Trust Fund Contribution Added to Fees				1	
L	Zip	Country		Z	Zip Gou		puntry		8. This corporation has liability for intangible tax under s. 199.032				1
24		25 29 30				30					□ No		J
9. Name and Address of Current Registered Agent							ļ		10. Name and Address of New Re	gistered	Agent		1
COLLETTE, CHRISTINA B						81	Name					ı	
111F N VALRICO RD						82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			1	
VALRICO FL 33594									,				
													1
							84	City			85 Zip (2ndo	-
							74	Ony		FL	. 65 Zip (3000	ı
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												****	l
Signature, typed or printed name of registered agent and title if applicative (NOTE Registered 12. OFFICERS AND DIRECTORS 13.						d Age	nt signature requi		DATE	DIOCOTOR	CINI 10	4	
TIT					1,1 1	11.5	ADDITIONS/CHANGES TO OFFICERS AND C			Change	Addition	┨	
NA		•	E, CHRISTINA B			1.2 N					☐ Change		
, , ,			ALRICO RD			1		4000500					
	REET ADDRESS		FL 33594					ADDRESS					
tit	Y-ST-ZIP		FL 33394		DELETE		TY-S	1-ZIP			Change	Addition	$\frac{1}{2}$
	· •					2.1 TITLE				L. Change	LT MOUNTON		
NAME BURGESS, DEBORAH S					2.2 N								
STREET ADDRESS 111F N VALRICO RD VALRICO FL 33594					2.3 STREET ADDRES								
_	Y-ST-ZIP	VALHICU	FL 33594		DELETE	2.40		IT-ZIP	······			T-1	1
Trt					I FINELETE	9 4 71	TIE				Change	Addition	- 1

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETÉ

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4 CITY-S1-ZIP

6.4 CHY+S1-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 13 if changed, or on an attachment with an address.

Change

Change

Addition

Addition

___ Addition

FILED

May 06 1997 8:00am

Secretary of State