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

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078513 (4)

HAIR WE GO AGAIN ORLANDO, INC.

Principal Place of Business Mailing Address 3188 E COLONIAL DRIVE 3188 E COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32903-5146 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1996 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name UNDERWOOD, ROBERT W 3188 E COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 R4 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 Stgrature, typed or printed name of registered agent and otte-f applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition DILLE 1.1 TITLE Change ROGERS, W W III NAME 1.2 NAME STREET ADDRESS 3188 E COLONIAL DRIVE 1.3 STREET ADDRESS ORLANDO FL 32803 City-St-ZP 1.4 CITY-ST-ZIP DELETE TILLE 2.1 TITLE Change Addition UNDERWOOD, ROBERT W NAME 2.2 NAME 3188 E COLONIAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIE 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAMI 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIE 3.4 CITY - ST - ZIP DELETE THLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY: ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ___ Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

appears in Block 12 or Block 13) changed, op on an attachment with an address.

SIGNATURE: And the second second with an address.

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

6.4 CITY-ST-ZIP