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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089370 (6)

LOVE'S HAIR SALON, INC.

Mailing Address Principal Place of Business 1335 WEST BRANDON BYLD 1335 WEST BRANDON BVLD BRANDON FL 33511 BRANDON FL 33511 3. Date Incorporated or Qualified 10/31/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable Suite, Apt A. etc \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Fee Required City & State 6. Election Campaign \$5.00 May Be Trust Fund Contribut Added to Fees 8. This corporation has liability for in angible tax under s. 199.032, Florida Statutes Yes No Country ZiD 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GUORI, CECELIA LIQUORI. DECELIA M 1335 West Brandon Byld 82 BRANDON FL 33511 83 CIBRANDON 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

SIGNATURE Signature, typed or printed name of registered agent and time if applica OFFICERS AND DIRECTORS Registered Agent signature required when reinstating) 13. 12. Change DELETE Addition 11 THLE TITLE ONLY LIGUORI, CECELIA M 1.2 NAME NAME **621 FLAMINGO DRIVE** 1.3 STREET ADDRESS STREET ADDRESS OFFICER APOLLO BEACH FL 33572 CITY-ST-ZIP 1.4 CITY - ST - ZIP OF DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME (ORP. 2.3 STRELT ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 10118 TITLE 3.2 NAME STREET ADDRESS 3.3 STREE1 ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 \$1REET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-ST-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 logal 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 12 or Block 13 or on an attachment with in address.

61 HTLE

6.2 NAME

63 STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

DELETE

4-13.97 8136814247

Change

Addition

FILED

Apr 25 1997 8:00am

Secretary of State