FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # S00468

1. Corporation Name

(6)

VANITY HAIR & NAILS, INC.

Principal Place of Business	Mailing Address			
835 EAST OAKLAND PARK BLVD.	835 EAST OAKLAND PARK BLVD.			
FT LAUDERDALE FL 33334	FT LAUDERDALE FL 33334			

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					3. Date Incorporated or Qualified 08/10/1990	3a. Date of Last 02/24/19		
2. Principal Place of Business Land Park Blue 30 Eust Oak Land Park Blue 5 Suite + 120 21 Fig. Landerdals, Fl. 33334 26			4. FEI Number	OEJE4J I	Applied For			
Suite, Act.	Suite, Apt. #, etc.			NOT APPLICABLE Not Applicable				
22 +12	120 27			5. Certificate of Status Desired See Required				
23 F+. 1				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
	Zip Country / Zip Country 333334 25			8. This corporation has liability for intangible tax under s 199.032,				
24 52	, ;	29 Booistored Apont	30		Florida Statutes Yes Yes			
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
DALLCHO	ENBAUGH, DIANE		["]	ivanie			ľ	
	ST OAKLAND PARK BLVD.		82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
	DERDALE FL 33334		83					
I I DAGE	PERIOACE FE 30304							
			84	City			Zip Code	
familiär wit	th, and accept the obligations of, Section	607.0505, Florida Statutes.		iadon's Dodi	ation submits this statement for the purp d of directors. Thereby accept the appo	xuse of changing its intinent as registers	s registered office ad agent. I am	
12.	Signature, typed or printed name of registered agent an		le: Rigistered Agent	signature require		DATE	i	
TillE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
NAME	DAUGHENBAUGH, DIANE	Doctor	1. 1 TOLE			Change	Addition	
STREET ADDRESS	835 EAST OAKLAND PARK BL		1 2 NAME					
CITY-ST-ZIP	FT LAUDERDALE FL		13 STREET				[]	
TITLE	VD	DELETE	1.4 C/TY-ST 2 1 T/TLE	- ZIP				
NAME	MACK, CHRISTINE		2 2 NAME			☐ Change	Addition C	
STREET ADDRESS	835 E OAKLAND PARK BLVD.		2.3 STREET A	223900				
CITY -ST-ZIP	FT. LAUDERDALE FL		2 4 CITY - ST					
THILE	DS	☐ DELETE	3 1 TITLE			Change	Add tion	
NAME	SPITZMILLER, CAROL		3.2 NAME			0.12.1go	7,100,110,1	
STREET ADDRESS	835 E OAKLAND PARK BLVD.		33 STREEL	ADDRESS				
CITY-S1-ZIP	FT. LAUDERDALE FL		3 4 CITY - ST	- ZIP				
TITLE		☐ DELFTE	4. 1 TITLE			[] Change	☐ Addition	
NAME			4.2 NAME				_	
STREET ADDRESS			4.3 STREET A	DDRESS			•	
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NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET A	DDRESS			1	
CITY - ST - ZiP			5.4 City-St-	ZIP				
TATLE		☐ DELETE	6 1 TITLE			Change	Addition	
NAME			6 2 NAME			-		
STREET ADDRESS			63 STREET A	DDRESS				
CITY-ST-ZIP			64 CITY-ST-	ZIP			Į.	
14. I do hereby	certify that the information supplied with	this filing is voluntarily furnis	shed and does	not qualify fo	r the exemption stated in Section 119.07	7(3)(k), Florida State	ites. I further	

on the event of the trib information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/0/96 954-564-6655