

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S13142 (2)**  
1. Corporation Name  
**STRANZ SALON, INC.**



Principal Place of Business: **1450 W SR 434 SUITE 1 LONGWOOD FL 32750-3848**  
Mailing Address: **1450 W SR 434 SUITE 1 LONGWOOD FL 32750-3848**

3. Date Incorporated or Qualified: **11/01/1990**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-3034047**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SCHAEFER, JULIE M  
1450 W SR 434  
SUITE 1  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	ST	<input type="checkbox"/>
NAME	APUZZO, FRANK P	
STREET ADDRESS	2610 JENNIFER HOPE BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PP	<input type="checkbox"/>
NAME	SCHAEFER, JULIE M	
STREET ADDRESS	<del>2740 LANCASTER CT</del>	
CITY-ST-ZIP	<del>APOPKA FL</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	2917 FAYSON CIRCLE		
2.4 CITY-ST-ZIP	DELTONA, FL 32738		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<del>2740</del>		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANK P. APUZZO  
*Frank P. Apuzzo - TREAS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/16/96 Daytime Phone #: 407-869-9021

CR2E034 (12/95)