FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4) **DOCUMENT #** 1. Corporation Name HAIR SYSTEMS OF WINTER HAVEN, INC. Mailing Address Principal Place of Business 1616 DUNDEE ROAD 1616 DUNDEE ROAD WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 3. Date incorporated or Qualified 02/21/1991 3a. Date of Last Report 07/14/1995 Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite. Apt. #. etc Fee Required 22 27 **\$5.00** May Be 6. Election Campaign Financing City & State City & State П Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country $Z_{\rm IP}$ Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Namo HARTMAN, JULIE ANN Street Address (P.O. Box Number is Not Acceptable) 1616 DUNDEE ROAD WINTER HAVEN FL 33884 83 85 Zip Code 84 City FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Saction 607.0505, Florida Statutes Signature, typed or process many of rejistered agent and the Tablet Table (NOTE: Registeren Agent sejnafure ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ne tibbA DELETE 1 1 THUE TIFLE HARTMAN, JULIE ANN 1.2 NAME NAME 1616 DUNDEE ROAD 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 1.4 C+1Y - ST - ZIP CITY-ST-ZIP Addit on Change DELETE 2 1 HHLE T-TLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY - \$1 - ZiP CHY-SI-ZII Crange ☐ Addition ☐ DELETE 3 1 TITLE TIBE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIF CHY-ST-ZIP Change ☐ Addition DELETE 4.1 1011.6 THLE 4.2 NAME NAME 4.3 STREET ACORESS STHEET ADDRESS 4.4 City - St - ZiP CITY - ST - ZIP Change Addition DELFTE 5 1 TITLE THLE NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY ST-715 ☐ Change Add tion DELETE 6 1 THELE

14. Lide 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, 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 certify 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.

6.2 NAM6

6.4 CITY - S1 - 7.81

SIGNATURE:

THE

NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

3/4/96 941-294-4108

CR2E034 (12/95)