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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FLED

	AL REPORT 1996			Secretary of Sta		96 N	OV -7 AN 8: 14	
DOCUN		S36904	(8	8)				
1. Corporation Name PRO-LINES BEAUTY SUPPLY, INC.				,		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PRO-LI	ines beaut	Y SUPPLY, INC.						
Principal Place	of Business		Mailing Address	<u>.</u>				
767-3 HWY 9	38 E		767-3 HMY 98			SELLOTATI	PASTART OF	
DESTIN FL 3	12541		DESTIN FL 32	541		HFIN2 I A I	EMENU	
						3. Date incorporated or Quali 03/05/1991	fed 3a. Date of Last responsi	
2. Principal Pla	ce of Business		2a. Mailing Addre	SS		4. FEI Number	Applied F	or S
21 Suite, Apt. #	t etc		Suite, Apt. #.	ate		59-3054220	Not Appli	
22			27			5. Certificate of Status Desire	\$8.75 Addition	
City & State			City & State	·		Election Campaign Finance     Trust Fund Contribution	ng \$5.00 May B	
Zip 24	25	Country	Zip <b>29</b>	30	ountry		y for intangible tax under s 199,032 Yes  No	
	9, Name and	Address of Current R			201	10. Name and Address of N		anien 🕍
					81 Name	<u> </u>		系列 路
Garrison, Janet 787 Hwy. 98 E					92 Street Ad	Idress (P.O. Box Number is Not Acc	eptable)	
SUITE 3					83		10.24 h. 1. 22.05	
DESTIN FL 32541					84 City		■ 85 Zip Code	
Ad Comment	n the provisions o	f Cartions 607 0602 an	d 607 4600 Elodeta	Clatition the et				100 kg
or registers	ed agent, or both,	in the State of Florida.	Such change was a 607.0505. Florida S	suthorized by the Statutes.	corporation's bo	portailors subtrates this statement for tro- pard of directors. I hereby accept the	e purpose of changing its registered agent. (	m .
SIGNATURE		M V L V	<u> </u>	<b>-</b>		poration submits this statement for the pard of directors. I hereby accept the	8-27-96	m
SIGNATURE		and independent of which to	izte d'applicable.	(NOTE: Register	nd Agent eigneture requ	uland when reinstating)	8:27-96 DATE VALUE OF THE PROPERTY OF THE PROP	
SIGNATURE		M V L V	izte d'applicable.	(NOTE: Register	nd Agent eigneture requ	uland when reinstating)	8-27-96	
SIGNATURE _	PD GAPRISON	OFFICERS AND D	iste of application.	PNOTE: Register 13 TE 1.1	nd Agent elgneture requ	uland when reinstating)	8:27-96 DATE OFFICERS AND DIRECTORS IN 12	150n (S)
SIGNATURE	PD GARRISON 6 PAHOKE	OFFICERS AND D	iste of application.	PNOTE: Register 13 TE 1. 1 12	nd Agent algorithm right. I TITLE NAME STREET ADDRESS	uland when reinstating)	8:27-96  OFFICERS AND DIRECTORS IN 12	150n (S)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD GARRISON 6 PAHOKE DESTIN FL VD GARRISON 6 PAHOKE HANGE HA	OFFICERS AND D  JANET E LANE  DUANE	DIE # application. IRECTORS	PNOTE: Register  13 11 12 13 14 15 16 22	INAME STREET ADDRESS COTY-ST-ZIP 1 TITLE	And when reinstating). ADDITIONS/CHANGES TO	P.20-96  OFFICERS AND DIRECTORS IN 12  Change	(C)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD GARRISON 6 PAHOKE DESTIN FL VD GARRISON 6 PAHOKE HANGE HA	OFFICERS AND D  JANET E LANE  DUANE	DIE # application. IRECTORS	PNOTE: Register  13 11 12 13 14 15 16 22 23 24 31	IN AME  STREET ADDRESS ICITY-ST-ZIP  HAME STREET ADDRESS ICITY-ST-ZIP  HAME STREET ADDRESS ICITY-ST-ZIP  TITLE	ADDITIONS/CHANGES TO	P.20-96  OFFICERS AND DIRECTORS IN 12  Change	CP2EC04 ((2/85)
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(4). Florida Statutes. I further notify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logic effect as if made under coath; that I amart officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 I changed, or or an attachment with an address.

SIGNATURE: