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 # **S42497** **(5)**

1. Corporation Name

IMAGE WORKS HAIR AND NAIL STUDIO INCORPORATED

Principal Place of Business

% MARGARET ANN MILLS
7025 N WICKHAM RD.. SUITE 106
MELBOURNE FL 32940

Mailing Address

% MARGARET ANN MILLS
7025 N WICKHAM RD.. SUITE 106
MELBOURNE FL 32940

3. Date Incorporated or Qualified: **04/02/1991**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-3061739** ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLS, MARGARET ANN
7025 N WICKHAM RD.
SUITE 106
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: ~~Margaret A Mills~~ DATE: ~~3/27/96~~

Signature of New Registered Agent, if Changed

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	DP
NAME	MILLS, MARGARET ANN
STREET ADDRESS	4570 WILLOW BEND DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	DV
NAME	MIDDLETON, CHARLENE
STREET ADDRESS	6613 HARVEY ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	MIDDLETON, CHARLENE
STREET ADDRESS	6613 HARVEY ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE	DJ ☑ Change ☐ Addition
12 NAME	MILLS MARGARET
13 STREET ADDRESS	4570 WILLOW BEND DR.
14 CITY-ST-ZIP	MELBOURNE, FLA. 32935
21 TITLE	ST ☑ Change ☐ Addition
22 NAME	MILLS, MARGARET
23 STREET ADDRESS	4570 WILLOW BEND DR.
24 CITY-ST-ZIP	MELBOURNE, FLA 32935
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 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: Margaret A Mills 3/27/96 407-255-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0077662 CP