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95 MAY -1 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S53313 (0)
1. Corporation Name
LAKESIDE SALON OF BEAUTY, INC.

Principal Place of Business Mailing Address
27865 S DIXIE HWY NARANJA FL 33032-8129 **27865 S DIXIE HWY NARANJA FL 33032-8129**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/17/1991** 3a. Date of Last Report **03/02/1994**
4. FEI Number **65-0325553** 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 2a. Mailing Address
21 **70 N. Homestead Blvd.** 26 **70 N. Homestead Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Homestead, Fl.** 28 **Homestead, Fl.**
Zip Country Zip Country
24 **33030** 25 **Dade** 29 **33030** 30 **Dade**

9. Name and Address of Current Registered Agent
**STEELE, BARBARA S.
27865 S DIXIE HWY
NARANJA FL**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
70 N. Homestead Blvd.
83
84 City **Homestead** FL 85 Zip Code **33030**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, BARBARA J.	1.2 NAME	
STREET ADDRESS	27865 S DIXIE HWY	1.3 STREET ADDRESS	70 N. Homestead Blvd.
CITY - ST - ZIP	NARANJA FL	1.4 CITY - ST - ZIP	Homestead, Fl. 33030
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, MARION	2.2 NAME	Boulais, Marion Odom
STREET ADDRESS	27865 S DIXIE HWY	2.3 STREET ADDRESS	70 N. Homestead Blvd.
CITY - ST - ZIP	NARANJA FL	2.4 CITY - ST - ZIP	Homestead, Fl. 33030
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: Barbara J. Steele *Pro* **4-28-95** **305-245-1555**
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR (Date) (Telephone #)