

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 # **S55334 (4)**
1. Corporation Name
ZAGA'S HAIR DESIGNS, INC.



Principal Place of Business: **1914 S FOURTEENTH ST FERNANDINA BEACH FL 32034**
Mailing Address: **1914 S FOURTEENTH ST FERNANDINA BEACH FL 32034**

3. Date Incorporated or Qualified: **05/23/1991**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business: **4750 Amelia Parkway**
2a. Mailing Address: **P.O. Box 6393**
21 Suite, Apt. #, etc.:
22 City & State: **Fernandina Beach, FL**
23 City & State: **Fernandina Beach, FL**
24 Zip: **32034** 25 Country: 29 Zip: **32035** 30 Country:

4. FEI Number: **59-3068336**
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
**MULLIN, MICHAEL S.
311 CENTRE ST
SUITE 207
FERNANDINA BEACH FL 32034**

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAWDY, DEBRA J	1.2 NAME	
STREET ADDRESS	2402 LOS ROBLES	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTURRIZAGA, CARL A	2.2 NAME	
STREET ADDRESS	41 OAK GROVE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JEANETTE R	3.2 NAME	
STREET ADDRESS	123 W HIRTH ROAD #702	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(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 a 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 in an attachment with the address.

SIGNATURE: *Carl A. Allen* **4-17-96** **904-277-2829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)