FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 JUL 25 PM 1:33

DOCUMENT # S66147 (7)

1. Corporate Name
LOU'S SPOT HAIR SALON, INC.

Principal Place of Business
489 MANDALAY AVE
CLEARWATER FL 34630

Mailing Address
489 MANDALAY AVE
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3076958 — 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. The 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

JACKSON, LINDA
521 S. GULFVIEW BLVD.
CLEARWATER FL 34630
• BUSINESS LOCATION

MAILING ADDRESS
Lou's Spot
P.O. Box 3433
CLEARWATER, FL 34630

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable)
83 521 S. GULFVIEW BLVD
84 City: CLEARWATER, FL 34630 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, LINDA
STREET ADDRESS	~~2064 BUTTERNUT CIR W~~ 1741 HARMONY DR
CITY-ST-ZIP	CLEARWATER FL 34616 (HOME ADDRESS)
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	I WAS MARRIED MAY 27.
NAME	NEW NAME IS LINDA DARE.
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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-07/27/95--01056--004
****200.00 ****200.00

KC

14. I 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 the 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: Linda Dare LINDA DARE. 4-28-95 813-447-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0361110 CP