

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S76768** (8)

1. Corporation Name  
**WILD STRANDZ HAIR SALON INC.**



Principal Place of Business Mailing Address  
**210 SEABREEZE BLVD. DAYTONA BEACH FL 32118** **210 SEABREEZE BLVD. DAYTONA BEACH FL 32118**

3. Date Incorporated or Qualified **06/29/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 **1737 South Ridgewood** 26 **1737 S Ridgewood**  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 **South Daytona, FL** 28 **South Daytona**  
 Zip Country Zip  
 24 **32119** 25 **Volusia** 29 **32119** 30 **Volusia**

4. FEI Number **59-3089916** 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  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**DAVIS, GREGG A**  
**210 SEABREEZE BLVD.**  
**DAYTONA BEACH FL 32118**

81 Name **Gregg A Davis**  
 82 Street Address (R.O. Box Number is Not Acceptable) **1737 South Ridgewood ave**  
 83 **South Daytona Fla**  
 84 City **FL** 85 Zip Code **32119**

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 *[Signature]* DATE **7/2/96**

(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>DAVIS, GREGG</b>	
STREET ADDRESS	<b>38 PINE TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/96 (904) 767-6070**

CR2E034 (3/96)