FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79561** **(4)**

1. Corporation Name

BARRY'S HAIR DESIGN III, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14400 MILITARY TRAIL SHOPPES DELRAY BEACH DELRAY BEACH FL 33484-3720	14400 MILITARY TRAIL SHOPPES DELRAY BEACH DELRAY BEACH FL 33484-3720

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0281572 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 Charles B Rosengarten
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 5744 NW 65 Ter
23 City & State	28 City & State Coral Springs
24 Zip / 25 County	29 Zip 33067 / 30 County Broward

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

SLATKIN, SHELDON T.
9900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Charles B. Rosengarten
82 Street Address (P.O. Box Number is Not Acceptable): 5744 NW 65 Ter
83 Coral Springs
84 City FL 85 Zip Code 33067

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: Charles B Rosengarten — Charles B Rosengarten V.P. 4-10-95

Signature, Typed or Printed Name of registered agent and Title if applicable (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	☐ Change ☐ Addition
NAME	ROSENGARTEN, PAULETTE	1.2 NAME	
STREET ADDRESS	14400 MILITARY TRAIL	1.3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENGARTEN, C BARRY	2.2 NAME	
STREET ADDRESS	14400 MILITARY TRAIL	2.3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Charles B Rosengarten 4/10/95 407-498-5477

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

0377299 CP