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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:22

DOCUMENT # **S90215** **(2)**

1. Corporation Name
EXTENSIONS PLUS, INC.

Principal Place of Business	Mailing Address
1649 SW 1ST WAY DEERFIELD BEACH FL 33064	1649 SW 1ST WAY DEERFIELD BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1991**
3a. Date of Last Report: **01/21/1994**

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:

4. FEI Number: **65-0297001** ☐ 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

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
1500 W. CYPRESS CREEK ROAD
SUITE 207
FT. LAUDERDALE FL 33309

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 _____
Signature, typed or printed name of registered agent and the capacity of *DATE (Registered Agent signature required where applicable)*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DANIEL	12 NAME	
STREET ADDRESS	707 ORIOLE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PORES, TODD	22 NAME	
STREET ADDRESS	2360 N.W. 33RD TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LARATRO, THOMAS	32 NAME	
STREET ADDRESS	23352 LORGO MAR CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	NATALE, JOHN N. JR	42 NAME	
STREET ADDRESS	6321 WESTOVER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: John N Natale
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

1-11-95
Date

0107663 CP