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 # V03536

1. Corporation Name
The Salon for Hair and Nails, Inc.

Principal Place of Business
3212 Lithia Pinecrest Rd, Ste 101
Valrico, Fl. 33594

Mailing Address
3212 Lithia Pinecrest Rd Ste 101
Valrico, Fl. 33594

3. Date Incorporated or Qualified: 11-15-91
3a. Date of Last Report: 5-1-95

2. Principal Place of Business
21 The Salon for Hair and Nails Inc
Suite, Apt #, etc.
22 101
City & State
23 Valrico Fl
Zip
24 33594
Country
25 USA

2a. Mailing Address
26 3212 Lithia Pinecrest Rd
Suite, Apt #, etc.
27 101
City & State
28 Valrico, Fl.
Zip
29 33594
Country
30 USA

4. FEI Number: 59-3106649 ☐ 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

Kathy Hegenauer
10406 Harvestime Pl
Riverview, Fl. 33569

10. Name and Address of New Registered Agent

81 Name: Scott Hegenauer
82 Street Address (P.O. Box Number is Not Acceptable): 3212 Lithia Pinecrest Road
83 Suite 101
84 City: Valrico FL 85 Zip Code: 33594

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] (Scott Hegenauer) 5-22-96
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Kathy Hegenauer	
STREET ADDRESS	10406 Harvestime Pl	
CITY-ST-ZIP	Riverview, Fl. 33569	
TITLE	Vice President	☐ DELETE
NAME	Scott Hegenauer	
STREET ADDRESS	10406 Harvestime Pl	
CITY-ST-ZIP	Riverview, Fl. 33569	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

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: [signature], V.P. (Scott Hegenauer) 5-22-96 (813) 654-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CS 6/3/96

CR2E034 (12/95)