

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 # **V46773** (0)

1. Corporation Name

**HAIR FLORIDA SALON SYSTEMS, INC.**



Principal Place of Business

**3946 CLEVELAND AVE  
FT. MYERS FL 33901  
US**

Mailing Address

**3946 CLEVELAND AVE  
FT. MYERS FL 33901  
US**

2. Principal Place of Business

21 **1600 ESTERO BLVD**

Suite, Apt. #, etc.

22 **UNIT E**

City & State

23 **FORT MYERS BEACH FL**

Zip

24 **33931**

Country

2a. Mailing Address

26 **1600 ESTERO BLVD**

Suite, Apt. #, etc.

27 **UNIT E**

City & State

28 **FORT MYERS BEACH FL**

Zip

29 **33931**

Country

3. Date Incorporated or Qualified  
**06/29/1992**

3a. Date of Last Report  
**04/28/1995**

4. FEI Number

**65-0343225**

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

**RACHALSKI, DENISE  
3946 CLEVELAND AVE  
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name **DONN PROUDFOOT**

82 Street Address (P.O. Box Number is Not Acceptable)

**1600 ESTERO BLVD**

83 **UNIT E**

City

**FORT MYERS BEACH FL**

85 Zip Code

**33931**

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

**A**

Signature of person to be registered agent (if not applicable)

(NOTE: Registered Agent's signature required when necessary)

**DONN PROUDFOOT**

**PRESIDENT**

**4/29/96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PROUDFOOT, DONN**  
STREET ADDRESS **3946 CLEVELAND AVE**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **ST** ☒ DELETE

NAME **RACHALSKI, DENISE**  
STREET ADDRESS **4228 SE 8TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ 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

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: **A**

**DONN PROUDFOOT**

**4/29/96 941-765-1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)