

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 # **V48178** (0)

1. Corporation Name

HAIR FLORIDA SALONS, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
04/27/1995

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

30

4. FEI Number
65-0346550

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 **FORT MYERS BEACH**

84 City

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 **X**

DONN PROUDFOOT PRESIDENT

X 4/24/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 S E 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1600 ESTERO BLVD**

1.4 CITY-ST-ZIP **FORT MYERS BEACH, FL 33931** ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **1600 ESTERO BLVD**

2.4 CITY-ST-ZIP **FORT MYERS BEACH, FL 33931** ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **X**

DONN A. PROUDFOOT **4/24/96** **941-765-1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)