

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: **25**
2a. Mailing Address: **26 1600 ESTERO BLVD**
Suite, Apt. #, etc.: **27 UNITE**
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 City: **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: **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	<input type="checkbox"/> DELETE
NAME	PROUDFOOT, DONN	
STREET ADDRESS	3946 CLEVELAND AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RACHALSKI, DENISE	
STREET ADDRESS	4228 S E 8TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1600 ESTERO BLVD	
1.4 CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	1600 ESTERO BLVD	
2.4 CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **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)