

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V49760** (4)
1. Corporation Name

TOP NOTCH CUTS & CURLS, INC.

Principal Place of Business

**11660 E. COLONIAL DRIVE
ORLANDO FL 32817**

Mailing Address

**11660 E. COLONIAL DRIVE
ORLANDO FL 32817**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

~~ROBERTS MICHELLE~~
~~11660 E. COLONIAL DR~~
~~ORLANDO FL 32817~~

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

04/11/1995

4. FEI Number

50-3132020 59-3318401

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

10. Name and Address of New Registered Agent

81 Name

CAROLINE BARBOZA

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

11660 E. COLONIAL DR

83

84 City

ORLANDO

FL

85 Zip Code

32817

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 *Caroline Barbosa*

Signature of officer or principal officer of the corporation or registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P ROBERTS, MICHELLE E**
STREET ADDRESS **11660 E CLONIAL DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **VP ROBERTS, CHARLES A**
STREET ADDRESS **11660 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **S ROBERTS, DONALD**
STREET ADDRESS **1136 KENNEDY RD**
CITY-ST-ZIP **BRACEVILLE IL 60407**

TITLE ☒ DELETE

NAME **T BEAVERS, LAURA**
STREET ADDRESS **1908 BARBER RD**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

President

11 TITLE **CAROLINE BARBOZA**
12 NAME **11660 E. COLONIAL DR**
13 STREET ADDRESS **ORLANDO FL 32817**

14 CITY-ST-ZIP

21 TITLE Vice President

22 NAME **FRANCIS MONTEIRO GOMEZ**
23 STREET ADDRESS **11660 E. COLONIAL DR**
24 CITY-ST-ZIP **ORLANDO FL 32817**

25 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

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SIGNATURE: *Caroline Barbosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINE BARBOZA

7-29-96 (409-870-2536)

W: 407-380-2621

0015446 CP

CR2E034 (3/96)