

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V61163** (4)

1. Corporation Name
INFINITY HAIR SALONS INC.

Principal Place of Business Mailing Address
1144 NW 76TH BLVD., #17-A GAINESVILLE FL 32606

3. Date Incorporated or Qualified 09/01/1992		3a. Date of Last Report 01/27/1994	
4. FEI Number 59-3139723		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has failed to pay state tax under § 190.099, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	22. Mailing Address	23. Date of Last Report	24. FEI Number
25. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
29. Co.	30. County	31. Co.	32. County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALAMBOS, CARL L. 1144 NW 76TH BLVD., SUITE 17A GAINESVILLE FL 32606		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03.	
		04. City	FL 05. Zip Code

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 607.1505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAMBOS, CARL L.	12 NAME	
STREET ADDRESS	RT. 2 BOX 172G	13 STREET ADDRESS	
CITY, ST, ZIP	FT. WHITE FL 32038	14 CITY, ST, ZIP	
TITLE	DVT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAMBOS, SHERRIE B	22 NAME	
STREET ADDRESS	RT. 2, BOX 172G	23 STREET ADDRESS	
CITY, ST, ZIP	FT. WHITE FL 32038	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 130.07(3)(b), 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 recipient of business 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: *Sherrie B Galambos* 4/25/95 331-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR