

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61274** (9)

1. Corporation Name

LAURA'S HAIR FORCE ONE, INC.



Principal Place of Business

**12706 STARKEY RD.
LARGO FL 34643**

Mailing Address

**12706 STARKEY RD.
LARGO FL 34643**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

02/03/1995

4. FEI Number

59-3162269

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

**YOUNG, LAURA
12706 STARKEY RD.
LARGO FL 34643**

delete

10. Name and Address of New Registered Agent

81 Name **Suzanne T. Young**

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

12706 Starkey Rd.

83

84 City **Largo**

FL

85 Zip Code **34643**

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

Suzanne T. Young **Suzanne T. Young**

3-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **YOUNG, SUZANNE**
STREET ADDRESS **9774 LAKE SEMINOLE DR. EAST**
CITY-ST-ZIP **SEMINOLE FL 34643**

TITLE **P** ☐ DELETE
NAME **MANCINO, MARC A.**
STREET ADDRESS **490 BELLE POINT DRIVE**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL**

TITLE *Secretary* ☐ DELETE
NAME **Young, Suzanne T.**
STREET ADDRESS **9774 Lake Seminole Dr E.**
CITY-ST-ZIP **Seminole, FL 34643**

TITLE *Treasurer* ☐ DELETE
NAME **Young, Suzanne T.**
STREET ADDRESS **9774 Lake Seminole Dr. E.**
CITY-ST-ZIP **Seminole, FL 34643**

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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne T. Young

Mar 6, 1996

Date

Daytime Phone #

813 586 4247

CR2E034 (12/95)

PS 3/18/96