FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V67505

(0)

1. Corporation Name SOUTHERN EXPOSURE HAIR DESIGN, INC. Princ-pal Place of Business 405 5TH AVENUE, SOUTH SUITE 102 NAPLES FL 89940 3 4/0 2 US NAPLES FL 89940 3 4/10 2 US										
US	37/02	U\$	•			 Date Incorporated or Qualified 09/23/1992 		ate of Las 3/1996		
2. Principal	Place of Business	2a. Mailing Addres	s			4. FEI Number	1 7 7		Applied	For
21		26				65-0358593			Not App	licable
Suite, Ap	ot. #, etc	Suite, Apt. #, et	IC.			5. Certificate of Status Desired		~	5 Additio	
22		27				4.			Require	••••
City & St	EME:	City & State				6. Election Campaign Financing			00 May	
23 Zip	Country	28 Zip	Col	intry		Trust Fund Contribution	<u>L</u>		ed to Fee	
24	25 29		30	un y		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No				032,
24	9. Name and Address of Currer		[30]		<u>.</u>	10. Name and Address of New Re				
JFF	PSON, SUSAN			81	Name			- 		
1100 9TH ST., SOUTH SUITE A-103				82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
NA	PLES FL 88948			83						
	34102			84	City			85 Z	ip Code	
					Oily		FL	. "	.,p 0000	
office o agent. I SIGNATURE	or registered agent, or both, in the State I am familiar with, and accept the oblig E. Sgrace by opportunate or repositions ag					on's board of directors. I hereby acce	DATE	oointment	as regis	ered
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	D STORAGE STREET	L DELE	DELETE 1.1 T					Chan	уе 🔲	Addition
NAME	JEPSON, SUSAN	1.400	1.2 N	AME						
STHEET ADDRES			1.3 S	REETA	ADDRESS	n				
CHY-ST-ZIP	NAPLES FL 38940 34/0 :			TY-ST	· ZIP	34102				
THILE	D DEDOON DODEDT	[] DELE				•		Chân	ge 🛄	Addition
NAME	JEPSON, ROBERT	A 400	22 N							
STREET ADORES	1100 9TH ST., SOUTH, SUITE	A-103	235	TREET A	ADDRESS	*** * * * * *				
C(1Y-S1-ZIF	NAPLES FL 99940- 3 4/0 2			11Y-S1	T-ZIP	34102		T 25		A 4 494
TITLE	MICHELENA, NANCY L	☐ DELE	•		}	· ·		Chan	ge L	Addition
NAME	ACAD NI DOTU DI ACC		3.2 N							
STREET ADDRES	~		3.3 \$	reet A	ADDRESS					
CITY - S1 - ZIF	SCOTTSDALE AZ 85251			ITY-ŞT	r-ZIP		-	140	- -	# J 402
TITLE	D BOLANDE R JEPSON, DEBBIE A	☐ DELE			م	OLANDER, Debbi	_ 4	Chan	9e <u> </u>	Addition
NAME	ACCO DELOCALLINE DOAD		4.21			DEATHER, DEAD!	e 11	•		
STREET ADDRES	EAGAN MN 55122		1		ADDRESS					
CITY - ST - 7IP	ENGAN MIN 30122	T see		TY-ST	- ZIP			n.		A 24061 = =
TITLE		☐ DELE			1			Chan	ye ∐	Addition
NAME			5.2 N							
STHEFT ADDRES	SS				ADDRESS					
CHY-ST-ZIP				TY-ST	-ZIP					
TITLE		☐ DELE	TE 61T	~ +				☐ Chan	~	Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

62 NAME

SIGNATURE

NAME

CITY-ST-ZP

ROUNTE THE PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

1/21/97

262-6804 Daytime Phone s

FILED

Jan 28 1997 8:00am

Secretary of State

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