

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 # **V72227** (4)
1. Corporation Name
UNIVERSAL HAIR REMOVAL SYSTEM, INC.



Principal Place of Business: **4601 W. KENNEDY BLVD. SUITE #107 TAMPA FL 33609 US**
Mailing Address: **P.O. BOX 1482 ST. PETERSBURG FL 33731 US**

3. Date Incorporated or Qualified: **10/12/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-3159218**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country; 25. Country
2a. Mailing Address: 26. Suite, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

9. Name and Address of Current Registered Agent
**SIMPSON, WILLIAM H.
6045-2 CALAIS BLVD. N
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent
81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code: **FL**

11. I, the undersigned, in accordance with the provisions of Sections 607.09(12) and 607.15(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 607.09(6), Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Date) _____ (Title)

12. OFFICERS AND DIRECTORS

12.1	CD	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM H.	
STREET ADDRESS	6045-2 CALAIS BLVD.	
CITY, STATE, ZIP	ST. PETERSBURG FL	
12.2	DP	<input type="checkbox"/> DELETE
NAME	SIMPSON, MARY R	
STREET ADDRESS	6045-2 CALAIS BLVD.	
CITY, STATE, ZIP	ST. PETERSBURG FL	
12.3	DV	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM H.	
STREET ADDRESS	6045-2 CALAIS BLVD.	
CITY, STATE, ZIP	ST. PETERSBURG FL	
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, 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. 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: *William H. Simpson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/24/96 313 280-2636

CR2E034 (12/95)