

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. 2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.

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. Pursuant to the provisions of Sections 607.0912 and 607.1508, 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 607.0912, Florida Statutes.

SIGNATURE: _____ (Date Registered Agent, Director, or Officer) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 CD NAME: SIMPSON, WILLIAM H. STREET ADDRESS: 6045-2 CALAIS BLVD. CITY, STATE, ZIP: ST. PETERSBURG FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 2.1 NAME: _____ 3.1 STREET ADDRESS: _____ 4.1 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 DP NAME: SIMPSON, MARY R. STREET ADDRESS: 6045-2 CALAIS BLVD. CITY, STATE, ZIP: ST. PETERSBURG FL	<input type="checkbox"/> DELETE	2.2 TITLE: _____ 3.2 NAME: _____ 4.2 STREET ADDRESS: _____ 5.2 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 DV NAME: SIMPSON, WILLIAM H. STREET ADDRESS: 6045-2 CALAIS BLVD. CITY, STATE, ZIP: ST. PETERSBURG FL	<input type="checkbox"/> DELETE	3.3 TITLE: _____ 4.3 NAME: _____ 5.3 STREET ADDRESS: _____ 6.3 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	4.4 TITLE: _____ 5.4 NAME: _____ 6.4 STREET ADDRESS: _____ 7.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	5.5 TITLE: _____ 6.5 NAME: _____ 7.5 STREET ADDRESS: _____ 8.5 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> DELETE	6.6 TITLE: _____ 7.6 NAME: _____ 8.6 STREET ADDRESS: _____ 9.6 CITY, STATE, ZIP: _____	<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: **William H. Simpson**
Date: **2/24/96**
Filing Fee: **313 280 2630**

CR2E034 (12/95)