

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 18 PM 4:04

**DOCUMENT # 635893 (1)**

1. Corporation Name  
**ADAM N' EVE HAIR DESIGN, INC.**

Principal Place of Business Mailing Address  
**3000 UNIVERSITY DRIVE 3000 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/01/1979** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1934730** Applied For   
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

City & State City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

Zip Country Zip Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

24 25 29 30

**B. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CONTE, FRANCO  
3000 UNIVERSITY DRIVE  
SUITE H  
CORAL SPRINGS FL 33065**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

above-named corporation submits this statement for the purpose of changing its registered office the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

(Signature typed or printed name of registered agent and fee if applicable) DATE

(Registered Agent Signature required when resigning) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>CONTE, FRANCO</b>
STREET ADDRESS	<b>9756 W. SAMPLE RD.</b>
CITY ST ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>CONTE, SUSANNA M.</b>
STREET ADDRESS	<b>9756 W. SAMPLE RD.</b>
CITY ST ZIP	<b>CORAL SPRINGS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 hereon, or on an attachment with an address

and does not qualify for the exemption stated in Section 199.01(3)(b), Florida Statutes. I further 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 appears in Block 12 or Block 13 hereon, or on an attachment with an address

SIGNATURE: *Francisco Conte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95