

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L21743 (4)**

1. Corporation Name  
**HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.**



Principal Place of Business  
**8895 N. MILITARY TRAIL SUITE 102-B PALM BEACH GARDENS FL 33410**

Mailing Address  
**8895 N. MILITARY TRAIL SUITE 102-B PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
21 State, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

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

30

9. Name and Address of Current Registered Agent

**MAZZA, MARIO  
3010 MAINSAIL CIRCLE  
JUPITER FL 33477**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

3. Date Incorporated or Qualified  
**10/10/1989**

3a. Date of Last Report  
**04/25/1995**

4. FEIN Number  
**22-3023931**

Applied For  
 Not Applicable

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

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

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.07(1) 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. The filing agent accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(9), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
|                            | <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. TITLE                   | <input type="checkbox"/> DELETE | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                                 | 2. NAME   |   |
| 3. STREET ADDRESS          |                                 | 3. STREET ADDRESS                                     |   |
| 4. CITY, ST, ZIP           |                                 | 4. CITY, ST, ZIP                                      |   |
| 5. TITLE                   | <input type="checkbox"/> DELETE | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                 | 6. NAME   |   |
| 7. STREET ADDRESS          |                                 | 7. STREET ADDRESS                                     |   |
| 8. CITY, ST, ZIP           |                                 | 8. CITY, ST, ZIP                                      |   |
| 9. TITLE                   | <input type="checkbox"/> DELETE | 9. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                 | 10. NAME  |   |
| 11. STREET ADDRESS         |                                 | 11. STREET ADDRESS                                    |   |
| 12. CITY, ST, ZIP          |                                 | 12. CITY, ST, ZIP                                     |   |
| 13. TITLE                  | <input type="checkbox"/> DELETE | 13. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                 | 14. NAME  |   |
| 15. STREET ADDRESS         |                                 | 15. STREET ADDRESS                                    |   |
| 16. CITY, ST, ZIP          |                                 | 16. CITY, ST, ZIP                                     |   |

14. I do hereby certify that the information submitted by this filing is accurate, true and does not conflict with the existing state file in Section 119.07(6)(b), Florida Statutes. I further certify that the information included on this filing is correct or supplemental annual reports are true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the trustee 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 in Block 13 if added, to the state file.

**SIGNATURE:** *Mario Mazza* **MARIO MAZZA** **4/6/96** **407-624-7772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)