

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED AND FILED

1997 JUL 21 PM 3:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F08496 (4)

1. Corporation Name
GREEN APPLE HAIRCUTTERS, INC.

Principal Place of Business C/O STEPHEN L RASKIN 5806 SUNSET DR MIAMI FL 33143	Mailing Address C/O STEPHEN L RASKIN 5806 SUNSET DR MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/10/1980	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2050638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NORMA KHOURY
3221 SW 117 AVE
DAVIE FL 33330**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KHOURY, NORMA
STREET ADDRESS	3221 SW 117 AVE
CITY - ST - ZIP	DAVIE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	KHOURY, LARRY
STREET ADDRESS	3221 SW 117 AVE
CITY - ST - ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002250813--6
1.3 STREET ADDRESS	-07/29/97--01072--020
1.4 CITY - ST - ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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

SCC 7-21-97

CR2E034 (4/97)

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GREEN APPLE HAIRCUTTERS
5806 SUNSET DRIVE
SOUTH MIAMI FLA 33143

JULY 16,1997

TO WHOM IT MAY CONCERN;

I HAVE SPOKEN TO AMY ALAN ON JULY 16,1997 AT 9:15 A.M.
RESPONDING TO A 2ND NOTICE OF CORPORATION ANNUAL REPORT.
FILING FEE OF \$550.00, WHICH I WAS INFORMED BY HER TO WRITE THIS
LETTER.

WE HAVE BEEN A VERY PROFITABLE CORPORATION SINCE 1980, IN 18
YEARS OF BUSINESS WE HAVE NEVER PAID ANY LATE FEES OF ANY
KIND.

WE NEVER RECEIVED THE FRIST NOTICE TO PAY \$165.00 . WE WOULD
NOT DISREGARD THE FRIST NOTICE TO PAY A SECOND NOTICE OF
\$550.00 TWO MONTHS LATER. PLEASE RECONSIDER, I AM SENDING A
CHECK FOR \$165.00.

THANK-YOU

LARRY KHOURY

PHONE 1-305-667-9986