

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J66572 (5)**

1. Corporation Name
THE HAIRWORKS, INC.



Principal Place of Business: 2014 DREW STREET SUITE A CLEARWATER FL 34625
Mailing Address: 2014 DREW STREET SUITE A CLEARWATER FL 34625

3. Date Incorporated or Qualified: 04/10/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2798538
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 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 2014 Drew St., Suite A, Clearwater, FL 34625, USA
2a. Mailing Address: 26. Same as above
27. Suite, Apt. #, etc. above
28. City & State above
29. Zip 34625, Country USA

9. Name and Address of Current Registered Agent
DUNCAN, CATHERINE K
1759 FAULDS RD. N.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent
81 Name: Catherine K. Duncan
82 Street Address (P.O. Box Number is Not Acceptable): 1759 Faulds Rd. N.
83
84 City: Clearwater, FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0505 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 for section 607.0505, Florida Statutes.
SIGNATURE: Catherine K. Duncan (Catherine K. Duncan) 1/20/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DUNCAN, CATHERINE K.	
STREET ADDRESS	1759 FAULDS RD N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JERRY C. (deceased 4/19/95)	
STREET ADDRESS	1719 SUNSET POINT RD.	
CITY-ST-ZIP	CLEARWATER 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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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; 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 named, or on an attachment with an address.

SIGNATURE: Catherine K. Duncan 1/20/96 813.443.3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)