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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000067002 (4)
1. Corporation Name
BUDDY'S BARBER SHOP, INC.



Principal Place of Business: 3508-A TAMiami TRAIL, PORT CHARLOTTE FL 33952
Mailing Address: 3508-A TAMiami TRAIL, PORT CHARLOTTE FL 33952-8160

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 04/16/1996
4. FEI Number: 65-0438919
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
VALENTI, VINCENT F
3508-A TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent (81-85)

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

Table with 12 columns for Officers and Directors (12-13) and 12 columns for Additions/Changes to Officers and Directors (14-25). Includes fields for Title, Name, Street Address, City, State, and 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.

SIGNATURE: Vincent F. Valenti (with handwritten signature) 3-31-97 9416246019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vincent F. Valenti, President Date Daytime Phone #

CR2E034 (9/96)