SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
98 SEP 11 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062987 (0)

1. Corporation Name
SINGLE STYLES, INC.

Principal Place of Business	Mailing Address
~~14100 WALSINGHAM ROAD SUITE 20~~ ~~LARGO FL 34644~~	~~14100 WALSINGHAM ROAD SUITE 20~~ ~~LARGO FL 34644~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3219 MASTERS DR
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER, FL
Zip 24 33761-1820 Country 25 USA

2a. Mailing Address
26 P.O. BOX 15033
Suite, Apt. #, etc.
27
City & State
28 CLEARWATER FL
Zip 29 33766-5033 Country 30 USA

4. FEI Number
59-3263399
[ ] Applied For [ ] Not Applicable

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

9. Name and Address of Current Registered Agent

IANFOLLA, RALPH
14100 WALSINGHAM ROAD SUITE 20
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: PATRICK HARNED
82 Street Address (P.O. Box Number is Not Acceptable)
3219 MASTERS DR
83
84 City CLEARWATER FL 85 Zip Code 33761

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: PATRICK HARNED 9/4/98
(Signature and typed or printed name of Registered Agent) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE: DIRECTOR — [✓] Change [ ] Addition
NAME	1.2 NAME: PATRICK HARNED
STREET ADDRESS	1.3 STREET ADDRESS: 3219 MASTERS DR
CITY-ST-ZIP	1.4 CITY-ST-ZIP: CLEARWATER, FL 33761-1820
TITLE	2.1 TITLE — [ ] Change [ ] Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE — [ ] Change [ ] Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE — [ ] Change [ ] Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE — [ ] Change [ ] Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE — [ ] Change [ ] Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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-09/15/98--01066--008
***1200.00 ***1200.00

REINSTATEMENT 9-15-98

B. 9/14

CR2E034 (3/95)

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 changed, or on an attachment with an address.

SIGNATURE: PATRICK HARNED (D) 9/4/98 954-367-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #