

**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.)**

①

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|  |   | DO NOT WRITE IN THIS SPACE  |

**FILED**

97 JUL 25 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P96000062054 (7)**  
 1. Corporation Name: **STYLISH CUTS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1801 SOUTH FLAGLER DRIVE, SUITE M-01<br/>WEST PALM BEACH FL 33401</b> | Mailing Address<br><b>1801 SOUTH FLAGLER DRIVE, SUITE M-01<br/>WEST PALM BEACH FL 33401</b> |
|---|---|

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 2. Principal Place of Business<br>21 <b>9585 SOUTHERN BLVD.</b> | 2a. Mailing Address<br>26       | 4. FEI Number<br><b>65-0683300</b>   | 3a. Date of Last Report<br><b>07/24/1996</b>                                |
| 22 Suite, Apt. #, etc.  | 27 Suite, Apt. #, etc.          | 5. Certificate of Status Desired <input type="checkbox"/>                          | Applied For<br>Not Applicable   |
| 23 City & State<br><b>ROYAL PALM, FL</b>                        | 28 City & State                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b><br><b>\$5.00 May Be Added to Fees</b> |
| 24 Zip<br><b>33411</b>  | 25 Country<br><b>PALM BEACH</b> | 29 Zip   | 30 Country  |

|   |  |
|---|--|
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|---|--|

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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   | <b>FL</b>   |

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          | <b>PSTD</b>                                 | <input type="checkbox"/> DELETE |
| NAME           | <b>AL-RAWI, HUSSAIN</b>                     |                                 |
| STREET ADDRESS | <b>1801 SOUTH FLAGLER DRIVE, SUITE M-01</b> |                                 |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL 33401</b>             |                                 |
| 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    |   |                                 |
| 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 | <b>200002256322--3</b>  |
| 2.4 CITY-ST-ZIP    | <b>-08/04/97--01069--019</b>                                      |
| 3.1 TITLE          | <b>***165.00</b> <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.

CR2E034 (4/97)

STYLISH CUTS, INC.  
1801 S. FLAGLER DR.  
WEST PALM BEACH, FL.

7/21/97

(2)

SECRETARY OF STATE  
TALLAHASSEE, FL.

GENTLEMEN,

ENCLOSED PLEASE FIND THE FOLLOWING ITEMS:

- A) PROFIT CORPORATION ANNUAL REPORT. - COMPLETED -
- B) MY CHECK FOR \$165. -

I UNDERSTAND THAT THIS REPORT IS BEING FILED LATE. HOWEVER, I DID NOT RECEIVE PRIOR NOTIFICATION OF THIS FILING REQUIREMENT. IT WOULD BE GREATLY APPRECIATED IF YOUR OFFICE WOULD ABATE THE LATE FILING PENALTY + ACCEPT THE ENCLOSED CHECK AS FULL + TIMELY PAYMENT OF THE FILING FEES DUE.

BE ASSURED THAT ALL REPORTS WILL BE FILED TIMELY IN THE FUTURE.

THANK YOU IN ADVANCE FOR YOUR ANTICIPATED COOPERATION IN THIS MATTER.

VERY TRULY YOURS.

H. Al. Rawi  
HUSSAIN AL-RAWI  
PRESIDENT.