

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084399
 1. Corporation Name
Great Cuts Corporation

Principal Place of Business / Mailing Address
**1910 North West 2 Avenue
 Suite 2
 Gainesville, Florida**

2. Principal Place of Business	2a. Mailing Address
21 4064 #6 FOREST HILL BOULEVARD	26 BOULEVARD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 West Palm Beach, FL	28 SAME AS BLOCK 2.
24 33406	25 USA
29	30

3. Date Incorporated or Qualified October 11, 1996	3a. Date of Last Report
4. FFI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C.G. Siano
 1910 North West 2 Avenue
 Suite 2
 Gainesville, FL**

10. Name and Address of New Registered Agent

81 Name C.G. Siano
82 Street Address (P.O. Box Number is Not Acceptable) 4064 #6 Forest Hill Boulevard
83
84 City West Palm Beach
85 Zip Code FL 33406

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 _____ DATE _____
Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME C.G. SIANO	
STREET ADDRESS 1910 North West 2 Avenue	
CITY-ST-ZIP Suite 2 Gainesville, 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME C.G. Siano	
1.3 STREET ADDRESS 4064 #6 Forest Hill Boulevard	
1.4 CITY-ST-ZIP West Palm Beach, FL 33406	
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	

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*****165.00**

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, unchanged, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/21/97** (561) 967-3634
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (9/96)