

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096380 (6)
 1. Corporation Name
VILLAGE HAIR SALON OF SANIBEL, INC.



Principal Place of Business 5297 PUNTA CALOOSA CT SANIBEL FL 33957	Mailing Address 5297 PUNTA CALOOSA CT SANIBEL FL 33957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Zip
24 [] Country	30 [] Country

3. Date Incorporated or Qualified 01/01/1997	
4. FEI Number 65 071 3266	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COSTANZO, ANNE
 5297 PUNTA CALOOSA CT
 SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 []	
84 City	85 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	COSTANZO, ANNE
STREET ADDRESS	5297 PUNTA CALOOSA CT
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	VTD <input type="checkbox"/> DELETE
NAME	COSTANZO, JOSEPH
STREET ADDRESS	5297 PUNTA CALOOSA CT
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	[] DELETE
NAME	[]
STREET ADDRESS	[]
CITY-ST-ZIP	[]
TITLE	[] 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 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 _____ DATE **3-11-98 (941) 472-8876**

CP2E034 (10/97)