

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

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000092258 (7)**  
 1. Corporation Name  
**FRANCES HAIR STYLING, INC.**



Principal Place of Business <b>6649 MIRAMAR PARKWAY MIRAMAR FL 33025</b>	Mailing Address <b>8649 MIRAMAR PARKWAY MIRAMAR FL 33025</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 <b>3815 N ANDREWS AV</b>		26 <b>3815 N ANDREWS AV.</b>		<b>10/28/1997</b>		<b>65-0793815</b>		<input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <b>OAKLAND PARK, FL.</b>		28 <b>OAKLAND PARK FL.</b>		6. Election Campaign Financing Trust Fund Contribution		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24 <b>33309</b>		25 <b>BROWARD</b>		29 <b>33309</b>		30 <b>BROWARD</b>		81 Name <b>ZOLAKHA FRANCIS</b>	
23 <b>OAKLAND PARK, FL.</b>		28 <b>OAKLAND PARK FL.</b>		29 <b>33309</b>		30 <b>BROWARD</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>8649 MIRAMAR PKY.</b>	
24 <b>33309</b>		25 <b>BROWARD</b>		29 <b>33309</b>		30 <b>BROWARD</b>		83 <b>MIRAMAR</b>	
23 <b>OAKLAND PARK, FL.</b>		28 <b>OAKLAND PARK FL.</b>		29 <b>33309</b>		30 <b>BROWARD</b>		84 City <b>FL</b>	
24 <b>33309</b>		25 <b>BROWARD</b>		29 <b>33309</b>		30 <b>BROWARD</b>		85 Zip Code <b>33025</b>	

**9. Name and Address of Current Registered Agent**  
**STRAUS, ARNOLD M JR, ESQ**  
**10081 PINES BLVD SUITE C**  
**PEMBROKE PINES FL 33024**

**10. Name and Address of New Registered Agent**  
 81 Name **ZOLAKHA FRANCIS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8649 MIRAMAR PKY.**  
 83 **MIRAMAR**  
 84 City **FL**  
 85 Zip Code **33025**

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: *Zolakha Francis* DATE: **1-10-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPST</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCIS, ZOLAKHA</b>	
STREET ADDRESS	<b>8649 MIRAMAR PARKWAY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</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		

**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: *ZOLAKHA FRANCIS (Zolakha Francis)* DATE: **1-10-98** (65-0793815-3080)

CR2E034 (10/97)