

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 523743 (3)

1. Corporation Name
MR. HARI HAIR DESIGNS, INC.



Principal Place of Business 8707 OAL KINGS ROAD SOUTH JACKSONVILLE FL 32217	Mailing Address 8707 OAL KINGS ROAD SOUTH JACKSONVILLE FL 32217
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1976	
21		26		4. FEI Number 59-1770433	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. 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	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDBERG, SHEP 8707 OLD KINGS ROAD S. JACKSONVILLE FL 32217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTS & D
NAME	GOLDBERG, SHEP	1.2 NAME	Belinda Goldberg
STREET ADDRESS	8707 OLD KINGS ROAD S	1.3 STREET ADDRESS	8707 Old Kings Road So.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D
NAME		2.2 NAME	Jamey Lee Goldberg
STREET ADDRESS		2.3 STREET ADDRESS	8707 Old Kings Road So.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Belinda Goldberg (BELINDA GOLDBERG)* 3/27/98 (904) 733-8366

CR2E034 (10/97)