FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002549 (3)

1. Corporation Name
NATIONAL HAIR CARE CENTERS, INC.

Principal Place of Business	Mailing Address
6064 APPLE TREE DR., STE. 3 MEMPHIS TN 38115	6064 APPLE TREE DR., STE. 3 MEMPHIS TN 38115

2. Principal Place of Business	2a. Mailing Address
21 2402 Wildwood Ave	26 2402 Wildwood Ave
22 Suite, Apt. #, etc. Suite 116	27 Suite, Apt. #, etc. Suite 116
23 City & State Sherwood AR	28 City & State Sherwood, AR
24 Zip 72116 — 25 Country Pulaski	29 Zip 72116 — 30 Country Pulaski

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: 06/14/1995
4. FEI Number: 62-1562318 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ____ Signature, typed or printed name of registered agent and title if applicable ____ NOTE: Registered Agent signature required when reinstating ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	WRIGHT, DON	
STREET ADDRESS	PARTRIDGE	
CITY-ST-ZIP	NORTH LITTLE ROCK AR	
TITLE	DP	☐ DELETE
NAME	VADEN, GERALD	
STREET ADDRESS	701 SILVERWOOD TRAIL	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72118	
TITLE	DT	☐ DELETE
NAME	RIFFLE, WAYNE	
STREET ADDRESS	1205 KELLOGG ROAD	
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116	
TITLE	S	☐ DELETE
NAME	WARNER, CARLA	
STREET ADDRESS	2115 KARANAUGH, APT. D	
CITY-ST-ZIP	LITTLE ROCK AR 72205	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	100001785401	☐ Change ☐ Addition
4.2 NAME	-04/18/96--01041--016	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wayne Riffle — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/15/96 Date — 501-834-7600 Daytime Phone #

CR2E034 (12/95)