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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G53002

(3)

FRANK FINI'S MEN'S HAIR CENTER, INC.

FILED Jan 17 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				T HOBITH BOOK OLING TITLE BOTTE BOLING HINT BIDAT BIRKT BIRK						
% FRANK FIM 5100 W. COMMERCIAL BLVD. TAMARAC FL 33319-2834		% 5	% FRANK FINI 5100 W. COMMERCIAL BLVD. TAMARAC FL 33319-2634							
THIRTING IE GOTTE COOT					3. Date Incorporated or Qualified 08/05/1983 3a. Date of Last Report 03/19/1996					
2. Principal P	lace of Business	2a 26	Mailing Address				4. FEI Number 59-2315482		———·	pplied For ot Applicable
Suite, Apt	#, etc	20	Suite, Apt. #. etc.							Additional
22		27					5. Certificate of Status Desired			equired
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
:3		28	7				Trust Fund Contribution			to Fees
Zip	Country	200	Zip	30	untry	!	8. This corporation has liability for Florida Statutes	intangible Yes		i. 199.032,
4	25 9. Name and Address of Curren	29 it Regi:	stered Agent	[30]	Γ-		10. Name and Address of New Re			
FINI	, FRANK			·······	81	Name				
	O W. COMMERCIAL BLVD.				82	Street Add	dress (P.O. Box Number is Not Acceptal	۱۵۱		
TAM	MARAC FL					Oncor rida	areas (1.0. box Hambol 15 Hot Nacopial	JIC 7		
					83					
					84	City			85 Zip	Code
					<u> </u>		poration submits this statement for the	FL		
SIGNATURE	Signature, typical or printed native of region of age OFFICERS ANI			OTE Registere	d Ag	ant signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	RS IN 12
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NAME	FINI, FRANK			1.2 N	IAME					
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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 proportion or the receiver or turstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 John Iged, or only attachmy limits an address.

SIGNATURE:

MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-7-97

Daytime Phone #