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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 05 1998 8:00am

	1998	500 77 100	DIVISION OF CORPORATIONS		Secretary of State			
1. Corporatio	MENT # G: CISSORS HAIR SAL	53837 On, INC.	(2)					
i								
Principal Plac	e of Business	Mailir	ng Address	-			MINEL MINES NAMES NINE	AE DENAL 1866
411 A SW 2N	ID AVE		A SW 2ND AVE					
SUITE 4 SUITE 4 GAINESVILLE FL 32601 GAINESVILLE			TE 4 NESVILLE FL 32601	22001		DO NOT WRITE IN THIS SPACE		
US US US						3. Date Incorporated or Qualified		
						08/11/1983		
2. Principal P	lace of Business	2a. M	ailing Address			4. FEI Number	Ap	plied For
21		26				59-2316472	No	ot Applicable
Suite, Apt.	#, etc		uite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
City & State	~	27	ity & State				Fee Re	
23	e e	28	ily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Z	Þ	Country	,	8. This corporation owes or has paid the		
24	25	29	•	30		Personal Property Tax due June 30.] No
	9. Name and Addres	s of Current Register	ed Agent			10. Name and Address of New Registe	red Agent	
LUC	CKEY, JOHN			81	Name	•		
	45 NW 43RD ST			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E A			83				
GA	INESVILLE FL 32606			83				
				84	City		85 Zip C	Code
11 Pursuant	to the provisions of Sector	ons 607 0502 and 607	1508 Florida Statut	es the abov	e-pamed cor			s registered
office or re	egistered agent, or both,	in the State of Florida.	Such change was	authorized by	the corpora	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Marina will, and accept	prine collage and or, s		Oliqa Statute	э.	1 <i>L</i> 3	iolas.	
SIGNATORE	Signature, typed or prink (ame r			E Registered Ag	ent signature requ	uired when reinstaling).		
12.		FICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVM	,	DELETE	1.3 TITLE			L Change	Addition
NAME	SMITH, MARY PARI 3916 S.W. 3 AVE.	n.		1.2 NAME				
STREET ADDRESS	GAINESVILLE, FL 0	0000		1.3 STREET				
CITY-ST-ZIP TITLE	VP \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.4 CITY-5	51- ZIP		Change	Addition	
NAME	SMITH, BRADLEY F			2.2 NAME				
STREET ADDRESS	3916 SW 3 AVE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			2. 4 CITY-				
TITLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				1
STREET ADDRESS				3.3 STREET	ADORESS			
CITY - ST - ZIP			7 00000	3.4. CITY	ST-ZIP		Change	Addition
TIFLE			DELETE	4.1 TITLE			Change	Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDDECC			1
CITY-ST-ZIP				4.3 STREET	ì			
TITLE			DELETE	5.1 TITLE	11-Lii		Change	Addition
NAME				5.2 NAME			-	
STREET ADDRESS				5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				62 NAME				I
STREET ADDRESS				6.3 STREET	ADDRESS			1
CITY-ST-ZIP				6.4 CITY - S		Carrier 140 07/9/6 First- Cut to 17/9	an anadelie i the as all i	internation
14. I hereby c	entity that the information	supplied with this filling	g does not quality to	or the exemp	non stated it	n Section 119.07(3)(i), Florida Statutes. I furthe	r ceruiy thát thệ	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 ar 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.