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 # H37043

(7)

POINT OF VIEW HAIR DESIGNS, INC.

FILED

Jan 24 1997 8:00am

Secretary of State

				٠					0 0	
Principal Place of Business Mailing Address						}				
	I. IRVING FEDERAL HIGHWAY. SUITE 5 (ACH FL 33435	% CARMEN H. IF 2755 SOUTH FEE	% CARMEN H. IRVING 2755 SOUTH FEDERAL HIGHWAY, SUITE 5 BOYNTON BEACH FL 33435-7742							
						3. Date incorporated or Qualified 01/08/1985	ed or Qualified 3a. Date of Last Report 02/19/1996			
	Place of Business	2a. Mailing Addr	ess			4, FEI Number			plied For	
21	# -L-	26	Suite, Apt. #, etc.			59-2474011			t Applicable	
Suite, Apt	. # ₁ erc		27			5. Certificate of Status Desired	1 1 7 7	5./5 A Fee Re	Additional quired	
City & Sta	te	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zıp	ļq	ountry	,	8. This corporation has liability for			199.032,	
24	25 29 30 g. Name and Address of Current Registered Agent					Florida Statutes Yes No				
		Current Hegistered Agent		81	Name	10, Name and Address of New H	egistered Agen	<u> </u>		
IRVING, CARMEN H.										
2755 SOUTH FEDERAL HIGHWAY SUITE 5				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)			
BOYNTON BEACH FL 33435				83						
				84	City		85	Zip (Code	
							FL	<u> </u>		
11, Pursuan office or agent. I	t to the provisions of Sections 6 registered agent, or both, in th am familiar with, and accept the	607.0502 and 607.1508, Florid e State of Florida, Such chan e obligations of, Section 607.	la Statutes, the ge was authori; 0505, Florida S	abovi zed by tatutes	e-named corp / the corporati s.	oration submits this statement for the ion's board of directors. I hereby acce	purpose of char opt the appointm	iging its ent as	s registered registered	
SIGNATURE										
	Signature, typed or printed have of regi-	RS AND DIRECTORS			ent signature require	ed when rainstating)	DATE		0.01.40	
12. TITLE	PD	RS AND DIRECTORS	LETE 11	3. Tiťle		ADDITIONS/CHANGES TO OFFI		CHON:	S IN 12 7	
NAME	IRVING, CARMEN H.	<u> </u>	1	NAME	Ì			·······································		
STREET ADDRESS	ATER AD PEDEDAL IN	Y # 5			ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		1	CITY-S	1					
TITLE	D	□ DE		TITLE				hange	Addition	
NAME	IRVING, GAIL A.		2.2	NAME			•)	
STREET ADDRESS		Y # 5	2.3	STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL			4 CITY-	ST-ZIP		·			
TITLE		∐ D8		TITLE			LJ (Change	Addition	
NAME				NAME						
STREET ADDRESS			1		ADDAESS]					
CITY-ST-ZIP TIFLE		T DE		L CITY-	51-ZIP		[]	Change	Addition	
NAME			1	2 NAME			- ب			
STREET ADDRESS					ADDRESS					
CITY ST ZIP				CITY-S	- 1					
TITLE	<u> </u>	DI		TITLE				Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.5	STAEE1	ADDRESS				}	
CITY - ST - ZIP				CITY-5	ST-2(P					
TITLE		DI	LETE 6.1	TITLE				Change	Addition	
NAMÉ		•	6.7	2 NAME]					
STREE1 ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-ZIP	aby and it. that the information	cumplied with this files does		CITY-S		t in Section 119 07/3)(i) Florida Statut	as I further cort	ih, that	the	

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I flutter 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: