SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. **AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporatio	IR DESIGN, INC.	6 (8)				
Principal Place of Business Mailing Address					T ERREDIT BEIK ANDER DINIE OKOKO (1840 8111 911	DIT BINKT RESIL NINSE NINIE NINIE ING
% KENNETH W. RICHMAN. JR. 5801 PELICAN BAY BLVD., SUITE 405 NAPLES FL 33963		2640 GOLDEN GATE PKY SUITE 206 NAPLES FL 33942 US	NAPLES FL 33942		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		Do Mallion Address			09/03/1985 4. FEI Number	Auntical Eco
2. Principal Place of Business		2a. Malling Address	26. Mailing Address		59-267.1730	Applied For Not Applicable
Suite, Apt.	#. etc.	Sulte, Apt. #, etc.				\$8.75 Additional
22	.,, =	27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	F-7 '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	B. This corporation owes or has paid the	
24	25	29	30]		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Register	red Agent
	LES FL 39942 It to the provisions of sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, section 607.0505, F	ites, the ab s authorized forida Stat	84 City ove-named corp d by the corpora utes.	oration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	85 Zip Code of changing its registered opolntment as registered
SIGNATURE	Discount of sold of so	accus and side of applicable	MOTE: Dealele	rod Apoel signature co	guired when reinstating) DAT	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS				iso Agent signatore re	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	DELETE	1.1.10	îLE .		Change Addition
NAME	KRIBERSCHECK, GERARD J.		1.2 NA	ME		
STREET ADORESS	3287 BOCA CIEGA DR		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CF	TY-\$T-ZIP		
TITLE	D	DELETE	2.1 Tf	TLE		Change Addition
NAME	KRIBERSCHECK, INGE H.		2.2 NA	ME		
STREET ADDRESS	3287 BOCA CIEGA DR		2.3 ST	REET ADDRESS		p
CiTY-ST-ZIP	NAPLES FL		2.4 CI	TY-ST-ZIP		·
TITLE		DELETE 3.1		ILE		Change Addition
NAME			3.2 NA	ME		
STREET ADORESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	4.1 71			Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	5.1 TI	TLE		Change Addition

6.4 CITY-ST-ZIP 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 repelver 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 chapted, or on in a facture of the corporation or the repelver 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 chapted, or on in a facture of the corporation or the repelver 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 chapted, or on in a facture of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on in a facture of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted in the corporation or the report as required by Chapter 607, Florida Statutes.

DELETE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

800002629**5**2 -09/01/98--01023--**0**44

***150.00

Aug 27 1998 8:00am

Secretary of State

G. K. HAIR DESIGN, INC. 2218 NINTH STREET NORTH INARLES, FLORIDA 34103

To Fl. Dep. of State Jandra B. Morton

Is you can see, I enclose a lopy of my check, for the Anual Report of 1997.

The check is made out of 165.—
Please, make sure you credit this to me.

Also in enclosed you find a check of 150.00, for the 1938 Report Filing.

I to hope this wil structer out the Mastale of your Department.

Soncerly Const Triberalmo