


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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H80473 (2) 1. Corporation Name HAIR-N-NOW OF NAPLES, INC.					
Principal Place of Business 89TH 9TH STREET SOUTH NAPLES FL 33940			Mailing Address 89TH 9TH STREET SOUTH NAPLES FL 33940		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/14/1985 4. FEI Number 59-2595034 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIEBERFARB, STANLEY J ESQUIRE 4001 TAMiami TRAIL N STE 330 NAPLES FL 33940			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 reappointing) (DATE)					
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition					

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 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: *Judith Lieberfarb* JUDITH LIEBERFARB 4/24/98 (941) 262-4506

CR2E034 (10/97)