## 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 # J00100

(4)

HAIR ACTION OF BELLEAIR, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

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Principal Place of Business	Mailing Address		-)	1011 DEBEL ETBEL BLBLI DEBEL B1811 1001
4326 26TH AVE N 4326 26TH AVE N				
ST PETERSBURG FL 33713-3224	ST PETERSBURG FL 33713-3224			
U\$	US			
			3. Date Incorporated or Qualified 02/19/1986	3a. Date of Last Report 05/01/1996
2. Principal Place of Rusiness	2a. Mailing Address		4. FEI Number	Applied For
has seed a contract the contract to the contra	26		59-2678070	Not Applicable
	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State	City & State		6. Election Campaign Financing	\$5.00 May Be
process and the second	28		Trust Fund Contribution	Added to Fees
Zip Country		Country	8. This corporation has tiability for in	
24 25 9. Name and Address of Current R	29 30			Yes No
	egistered Agent	81 Name	10. Name and Address of New Rec	pstered Agent
WILLIAMS, GARY		oi ivaine		
4326 26TH AVE N	82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33713		83		
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes, th	ne above-named corpo	oration submits this statement for the pu	urpose of changing its registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 at office or registered agent, or both, in the State of F agent. Familiar with, and accept the obligation</li> </ol>	Florida, Such change was autho	rized by the corporation	on's board of directors. I hereby accep-	t the appointment as registered
	aprior 1,0000, top nondec no	Statutos.		•
SIGNATURE Significant specifier printed frame of registereo agent an	o title if applicable (NOTE: Regi	istered Agent signature require	d when reinstaling)	DATE
12. OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
me PTS	DELETE	1.1 TITLE		Change Addition
NAME WILLIAMS, GARY	· ·	1.2 NAME		
STREET ADERESS 5428-21ST AVENUE NORTH		1.3 STREET ADDRESS 43	ab abb Ave N.	
CHY-SI ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TILE	☐ DELETE	2.1 TETLE		Change Addition
		2.2 NAME	•	
STREET ADDRESS	l:	2.3 STREET ADDRESS		
CiTy+S1+7i₽	l.	2. 4 CITY-ST-ZIP		•
10(6	☐ DELETE	3.1 TITLE	***	Change Addition
NAME	<b>[</b> ;	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY- ST-ZIP		3.4. CITY-ST-ZIP		
THE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STHEET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
101.05	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS	į,	5.3 STREET ADDRESS		
CHY:ST-ZP		5.4 ÇITY-ST-ZIP		
11/11/1		6.1 TITLE		Change Addition
NAME	1	62 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
SITY-SE-DE		6 4 CITY-ST-ZIP		

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 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 or changed, or on an attachment with an address.

**SIGNATURE:** 

4/22/97

813-321-3002