

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J34667** (2)

1. Corporation Name
34TH STREET HAIR EXCHANGE, INC.

Principal Place of Business 5075 34TH ST. S BAY PT PLAZA, STE 9 ST PETERSBURG FL 33711	Mailing Address 5075 34TH ST. S BAY PT PLAZA, STE 9 ST PETERSBURG FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1986		3a. Date of Last Report 02/26/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2740749		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent BRITTO, ANNETTE 5001 LANSING ST ST PETERSBURG FL 33703				10. Name and Address of New Registered Agent			
81. Name							
82. Street Address (P.O. Box Number is Not Acceptable)							
83.							
84. City				85. Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	BRITTO, ANNETTE			1.2 NAME			
STREET ADDRESS	5001 LANSING ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	BERGER, DAVID			2.2 NAME			
STREET ADDRESS	919 59TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL			2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	BRITO, ANNETTE			3.2 NAME			
STREET ADDRESS	5001 LANSING ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	RODRIGUEZ, ANTHONY A.			4.2 NAME			
STREET ADDRESS	919 59TH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* _____

CR2E034 (4/97)