

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

Sep 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J49485 (2)  
1. Corporation Name  
FISHER'S BEAUTY SALON, INC.



Principal Place of Business  
715 IMAR DRIVE  
SUN CITY FL 33573  
US

Mailing Address  
715 IMAR DRIVE  
SUN CITY FL 33573  
US

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |                                                                                                                                                                 |  |                                       |  |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>12/22/1986                                                                                                                 |  | 3a. Date of Last Report<br>05/23/1996 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>59-2764002                                                                                                                                     |  | Applied For<br>Not Applicable         |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                       |  | \$8.75 Additional Fee Required        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                              |  | \$5.00 May Be Added to Fees           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

HOSTETTER, CHARLES  
1703 DOVE FIELD PLACE  
BRANDON FL 33511

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DVS<br>HOSTETTER, CHARLES<br>9718 GLEN POINTE DR.<br>RIVERVIEW FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                   | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | DP<br>HOSTETTER, BETTY M.<br>9718 GLEN POINTE DR.<br>RIVERVIEW FL | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                   | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                   | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                   | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                   | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_

CR2E034 (4/97)