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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

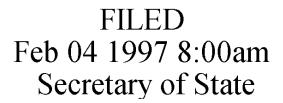
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J59061

(8)

WIG SHOP, INC.

Principal Place of Business Mailing Address





9320 U.S. HWY		8199 FLORAL DR	8199 FLORAL DR SPRING HILL FL 34607-2119						
PORT RICHEY	FL 34668	Spring Hill Fl. 34607				3. Date Incorporated or Qualified			
5 0		0. 44.7. 4.14				02/24/1987	03/2		
	ace of Business	2a. Mailing Address	<del> </del>			4. FEI Number 59-1300985		<del></del>	pplied For
Suite, Apt	# 610	Suite Ant # etc	Suite, Apt. #, etc.			\$8.75 Additional			
22	r, 016	27	<del> </del>			5. Certificate of Status Desired			lequired
Crty & State	е	City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip 24	Country 25	Z <sub>i</sub> p	Coun 30	itry	(	8. This corporation has liability for in	intangible ] Yes [		s. 199.032,
	9. Name and Address of Cu		1001			10. Name and Address of New Re			·
MAZ	ZEI, ANN L.		1	81	Name				·
C/O WIG SHOP, INC.				82 Street Address (P.O. Box Number is Not Acceptable)				<del></del>	
	) U.S. HIGHWAY 19 RT RICHEY FL 34668			83	<u> </u>			*****	
			-	64	City			<b>85</b> Zip	Code
						poration submits this statement for the p	<u>FL</u>		
SIGNATURE	Signature, typed or printed name of rug-scere	ed agent and less if applicable				tion's board of directors. I hereby acception and the state of the sta	DATE		
12.	OFFICERS	S AND DIRECTORS  DELETE	1.1 TITL			ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	
TITLE	MAZZEI, ANN L.		4					onange	that reduces
NAME	8199 FLORAL DR.		1.2 NAN		T 4000000	•			
STREET ADDRESS CITY+ST-ZIP	SPRING HILL FL		1.4 C(1)		T ADDRESS				
TITLE		DELETE	2.1 1(1)		31 - Lir			Change	Addition
NAME			2.2 NAM						
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			2. 4 CIT	Y - S	ST-ZIP				
TITLE		DELETE	3.1 TITL					Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			9.3 STR	REET	T ADDRESS				
CITY - ST - ZIP			3.4. CIT		ST-2IP				
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4.2 NA						•
STREET ADDRESS					T ADDRESS				
CITY-ST-7/P		DELETE	4.4 C(T)		31 - ZIP			☐ Change	Addition
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NAME STREET ADURESS					T ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 T(T)		21:40			Change	Addition
NAME		<del></del> "	6.2 NA					_ •	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			1		\$T - Z#P				
44	+ <del></del>	and the state of t	0.101			ALL DE ALL CHOUSE FIRST DESCRIPTION			

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. 352

SIGNATURE:

Jan: 29-1997

597-5491