

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

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Apr 10 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 # **J74861** (2)
1. Corporation Name
HAIR INVESTMENTS, INC.

Principal Place of Business 454 QUEENSBIDGE DR LAKE MARY FL 32746	Mailing Address 454 QUEENSBIDGE DR LAKE MARY FL 32746-0443
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3. Date Incorporated or Qualified 05/28/1987	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 4799 South Atlantic Ave Suite, Apt. # etc. 22 Apt 106 City & State 23 LONGWOOD FL Zip 24 32779	2a. Mailing Address 26 815 DEERFIELD CIRCLE Suite, Apt. #, etc. 27 City & State 28 WEXFORD PA Zip 29 15090	Country 25 USA 30 U.S.A.
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4. FEI Number 59-2858963	Applied For <input type="checkbox"/> Applied For <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FISHER, MONICA
176 S. HIGHWAY 17-92
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
81 Name
DOROTHY M. FISHER
82 Street Address (P.O. Box Number is Not Acceptable)
4799 SOUTH ATLANTIC AVE
83 **APT 106**
84 City
LONGWOOD **FL** 85 Zip Code
32779

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 Dorothy M. Fisher **DOROTHY M. FISHER** 4/1/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD FISHER, MONICA	<input type="checkbox"/>
NAME	454 QUEENSBIDGE DRIVE	
STREET ADDRESS	LAKE MARY FL	
CITY - ST - ZIP		
TITLE	VD HOLDER, LYNN	<input type="checkbox"/>
NAME	2948 DIVISION STREET	
STREET ADDRESS	OVEIDO FL	
CITY - ST - ZIP		
TITLE	VTSD FISHER, JAMES	<input type="checkbox"/>
NAME	454 QUEENSBIDGE DR	
STREET ADDRESS	LAKE MARK FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD FISHER, MONICA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	815 DEERFIELD CIRCLE		
1.3 STREET ADDRESS	WEXFORD, PA 15090		
1.4 CITY - ST - ZIP			
2.1 TITLE	VD HOLDER, LYNN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	247 TOMOKA TRAIL		
2.3 STREET ADDRESS	LONGWOOD FL 32779		
2.4 CITY - ST - ZIP			
3.1 TITLE	VTSD FISHER, JAMES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	815 DEERFIELD CIRCLE		
3.3 STREET ADDRESS	WEXFORD, PA 15090		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: James Fisher **JAMES FISHER** 4/6/97 (412) 934-6155
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)