

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

FILED

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
4. FEI Number 59-2858963	Applied For <input 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	

2. Principal Place of Business 21. 4799 South Atlantic Ave Suite, Apt. #, etc. 22. Apt 106 City & State 23. Longwood, FL Zip 24. 32750 Country 25. USA	2a. Mailing Address 26. 815 Deerfield Circle Suite, Apt. #, etc. 27. City & State 28. Wexford, PA Zip 29. 15090 Country 30. U.S.A.
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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	85. Zip Code FL 32750
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FISHER, MONICA 454 QUEENSBIDGE DRIVE LAKE MARY FL	1.1 TITLE PD	FISHER, MONICA 815 DEERFIELD CIRCLE WEXFORD, PA 15090
TITLE VD	HOLDER, LYNN 2948 DIVISION STREET OVEIDO FL	2.1 TITLE D	HOLDER, LYNN 247 TOMOKA TRAIL LONGWOOD FL 32792
TITLE VTSD	FISHER, JAMES 454 QUEENSBIDGE DR LAKE MARK FL	3.1 TITLE VTSD	FISHER, JAMES 815 DEERFIELD CIRCLE WEXFORD, PA 15090
TITLE		4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

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 T. Fisher JAMES T. FISHER 4/6/97 (412) 934-6155
Signature and typed or printed name of signing officer or director Date Daytime Phone #