## **FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 09 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J7486<sup>-</sup> HAIR INVESTMENTS, INC. Principal Place of Business Mailing Address 4799 S ATLANTIC AVE 815 DEERFIELD CR WEXFORD PA 15090 106 PONCE INLET FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 403 WESTCHESTER 3913 59-2858963 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution NEXFORD. Added to Fees BOYCH Country 8. This corporation owes or has paid the current year intangible Allegiter 1\_509 c Personal Property Tax due June 30. 25 UULUSTA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FISHER, DOROTHY FISHER DUROTHY 4799 S ATLANTIC AVE Street Address (P.O. Box Number is Not Acceptable) 106 3913 ORTOLE AVE 83 PONCE INLET FL 32127 84 City 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 eigent, or both. In the State of Florida Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the applications of section 697.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITLE 1.1 TITLE DELETE Change Addition **CR2E034** FISHER, MONICA Fisher, Montha NAME 1.2 NAME 815 DEERFIELD CR 403 WESTCHESTER COMMONS 1.3 STREET ADDRESS STREET ADDRESS **WEXFORD PA** 1.4 CITY-ST-ZIP CITY-ST-ZIP WEXFORD, PA ASTONO 2.1 TITLE TITLE DELETE Change \_\_\_ Addition HOLDER, LYNN NAME 2.2 NAME 217 TOMOKA TR STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 2.4 CiTY-ST-ZIP CITY-ST-ZIP VTSD 3.1 TITLE UTSO TITLE DELETE Addition FISHER, JAMES NAME 3.2 NAME FESHER, JAMES 815 Deerfield Cr STREET ADDRESS 3.3 STREET ADDRESS 403 WESTCHESTER COMMONS **WEXFORD PA** 3.4 CITY-ST-ZIP CITY-\$T-ZIF WEXFORD, PA 15090 TITLE DEL ETE 4.1 TITLE | Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition 62 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS

14. I 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 ghanged, or on an attachment with an address.

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CITY-ST-ZIP

**SIGNATURE**