


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

FILED

Feb 28 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 # **K04524** (0)

1. Corporation Name

EXCLUSIVELY YOURS HAIR AND NAIL DESIGN, INC.



Principal Place of Business

**1164 ROYAL PALM BEACH BLVD.
CROSSROAD PLAZA
ROYAL PALM BEACH FL 33411
US**

Mailing Address

**1299 STONEYWAY LANE
WEST PALM BCH. FL
ROYAL PALM BEACH FL 33417-5663**

3. Date Incorporated or Qualified 12/02/1987	3a. Date of Last Report 04/05/1996
4. FEI Number 65-0029030	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FORGIONE, PATRICIA A.
1164 ROYAL PALM BCH, FL
CROSSROADS PLAZA
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name **FITZGERALD PATRICIA A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1164 Royal Palm Beach Fla.
83 **CROSSROADS PLAZA**
84 City **Royal Palm Beach** FL 85 Zip Code **33411**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Patricia A. Fitzgerald* (NOTE: Registered Agent signature required when reinstating) DATE **2/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORGIONE, PATRICIA	1.2 NAME	FITZGERALD, PATRICIA ANN
STREET ADDRESS	1299 STONEYWAY LA	1.3 STREET ADDRESS	1299 STONEYWAY LA.
CITY - ST - ZIP	W PALM BCH, FL 33417	1.4 CITY - ST - ZIP	W Palm Beach, FL. 33417
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *PATRICIA ANN FITZGERALD* (NOTE: Signature and typed or printed name of signing officer or director) DATE **2/25/97** Daytime Phone # **(361) 798-1178**

CR2E034 (9/96)