

DOCUMENT # K12883					
1. Entity Name <div style="font-size: 18pt; font-weight: bold; margin-top: 5px;">COWLICKS & CURLS OF COUNTRY WALK, INC.</div>					
Principal Place of Business 7166 SW 117 AV MIAMI FL 33183 US			Mailing Address % HOWARD SANDLER 6717 SW 112 COURT MIAMI FL 33173-1942		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					
<div style="font-size: 14pt; font-weight: bold;">SANDLER, HOWARD 6717 SW 112 COURT MIAMI FL 33173</div>				Name	
				Street Address ()	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or register					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
OFFICERS AND DIRECTORS					
11.		12.			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	SANDLER, HOWARD		NAME		
STREET ADDRESS	6717 SW 112 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		
NAME	SANDLER, NANCY		NAME		
STREET ADDRESS	6717 SW 112 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		<div style="font-family: cursive; font-size: 24pt; margin-bottom: 5px;">Howard Sandler</div> <div style="font-size: 10pt; font-weight: bold;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			

SIGNATURE: Howard Sanders 3-13-00 305 274 695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 ('9/99')