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

**PROFIT CORPORATION** ANNUAL REPORT 1997



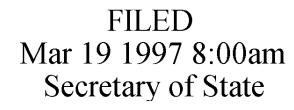
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58576 (5)

R & P HAIR, INC.





Principal Place	e of Business	Mailing Address	Mailing Address			
316 EAST OAK WILTON MANO	KLAND PARK BLVD. DRS FL 33334	316 EAST OAKLAND PARK BLVD. WILTON MANORS FL 33334-2148				
·					3. Date Incorporated or Qualified 01/17/1989	3a. Date of Last Report 04/16/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0093822	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation has liability for i	
24	25	29	30			Yes □ No
	9. Name and Address of Curren	t Registered Agent		ı <del></del>	10. Name and Address of New Re	gistered Agent
	ICROFT, RANDALL 1 NORTH OCEAN BOULEVARD,	NO. 6-A	81	Name		
	RT LAUDERDALE 33308		be street Ac		ddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
						FL   S   P cook
SIGNATURE	m familiar with, and accept the obligation of the obligation of the state of the obligation of the				uireo which (Ginstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DOLLETE	1.1 TILLE			Change Addition
NAME	ASHCROFT, RANDALL		1.2 NAME			
STREET ADDRESS	2701 N OCEAN BLVD, #6A		1.3 STREET	ADORESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 C(1Y - S	S1-20P		
TITLE	D	☐ DITELE	2 1 TITLE			Change Additio
NAME	Knode, Paul		2.2 NAME			
STREET ADDRESS	2701 N OCEAN BLVD., #6A		2.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CHY-	S1-7(P		
TITLE		DELETE	3 1 1/11 (			Change Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 \$1811	ADDRESS		
CITY-ST-ZIP			3.4 CITY-	S1 - ZIP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 C(TY - S	S1 - 7(P		
TITLE		DELETE	5 1 111LE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 C(1Y-9	S1 - ZiP		
TITLE		DELETE	617016			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			640114-9			
	by certify that the information supplied	with this filling does not an			ed in Section 119 07(3)(i) Florida Statute	s. I further certify that the

The receipt certify that the information supplied with this lining does not quality for the exemption stated in Section 119.07(3)(t), 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 12-4 changed, or on an attachment with an address.