

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K60381 (6)

1. Corporation Name

HANNAH & HER SCISSORS, INC.



Principal Place of Business

Mailing Address

533 LINCOLN RD
BOX 19-1884 MIAMI BEACH 33119
MIAMI BEACH FL 33139
US

533 LINCOLN RD.
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
01/24/1989

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0146005

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASKY, DEBBY HANNAH
1760 LENOX AVE #1
MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of person providing name of registered agent and their appointment

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVS
NAME LASKY, DEBBY HANNAH
STREET ADDRESS 1760 LENOX AVENUE #1
CITY-STATE-ZIP MIAMI BEACH FL

DELETE

TITLE TD
NAME LASKY, DEBBY HANNAH
STREET ADDRESS 1760 LENOX AVENUE #1
CITY-STATE-ZIP MIAMI BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, if on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

(305) 673-1408

CR2E034 (3/96)