


FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K82154 (1)
1. Corporation Name
PRESTIGE HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
8533 U S 19 SUITE 5 PORT RICHEY FL 34668 US	8533 U S 19 SUITE 5 PORT RICHEY FL 34668 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	
24	25	29	

3. Date Incorporated or Qualified 04/20/1989	
4. FEI Number 59-2952258	<input type="checkbox"/> Applied For <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RISOLDI, KATHLEEN M
2853 SUMMERVALE DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 _____ (NOTE: Registered Agent signature required when reinstating)

 Signature, typed or printed name of registered agent and title if applicable

 DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RISOLDI, KATHLEEN M	
STREET ADDRESS	2853 SUMMERVALE DR	
CITY - ST - ZIP	HOLIDAY FL 34691	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RISOLDI, RALPH M	
STREET ADDRESS	2853 SUMMERVALE DR	
CITY - ST - ZIP	HOLIDAY FL 34691	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RISOLDI, MICHELE M	
STREET ADDRESS	2853 SUMMERVALE DR	
CITY - ST - ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS	2835 SUMMERVALE DR		
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	2835 SUMMERVALE DR.		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS	2835 SUMMERVALE DR		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 checked, or on an attachment with an address.

SIGNATURE: Kathleen M. Risold - Kathleen M. Risold, 942-7948

CR2E034 (10/97)