

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

FILED
May 14 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 # L13132 (0)
1. Corporation Name
FLORIDA HAIR CARE, INC.



Principal Place of Business 11125 PARK BLVD. 104-256 SEMINOLE FL 34842 US	Mailing Address 11125 PARK BLVD. 104-356 SEMINOLE FL 33772-4700 US
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3. Date Incorporated or Qualified 08/30/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2972731	Applied For 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 11125 PARK BLVD. (Suite, Apt. #, etc.) 104-356 City & State 23 SEMINOLE, FL Zip 24 33772 Country 25 PINELLAS	2a. Mailing Address 26 11125 PARK BLVD. (Suite, Apt. #, etc.) 104-356 City & State 28 SEMINOLE, FL Zip 29 33772 Country 30 PINELLAS
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9. Name and Address of Current Registered Agent WULFF, DOUGLAS 17900 GULF BLVD SUITE 16-B REDINGTON SHORES FL 33708	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
FL	85 Zip Code

10. Name and Address of New Registered Agent	
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:  DOUGLAS O. WULFF, PRES. 4/19/97
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, DOUGLAS O.	1.2 NAME	
STREET ADDRESS	17900 GULF BLVD 16B	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	1.4 CITY-ST-ZIP	
TITLE	D/VIA/S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, DIANNE J.	2.2 NAME	
STREET ADDRESS	17900 GULF BLVD 16B	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WULFF, DEBRA A.	3.2 NAME	
STREET ADDRESS	1310 COTTAGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STILLWATER, MN 55082	3.4 CITY-ST-ZIP	
TITLE		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		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		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:  DOUGLAS O. WULFF, PRES 4/19/97 (813) 393-0949
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)