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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13132

1. Corporation Name
FLORIDA HAIR CARE, INC.

Principal Place of Business 11125 PARK BLVD 104-356 SEMINOLE FL 33772 US	Mailing Address 11125 PARK BLVD 104-356 SEMINOLE FL 33772 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13799 PARK BLVD Suite, Apt. #, etc. 22 # 307	2a. Mailing Address 26 13799 PARK BLVD Suite, Apt. #, etc. 27 # 307	3. Date Incorporated or Qualified 08/30/1989	4. FEI Number 59-2972731	Applied For Not Applicable
23 SEMINOLE, FL City & State 24 33776 25 USA Zip Country	28 SEMINOLE, FL City & State 29 33776 30 USA Zip Country	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

WULFF, DOUGLAS
17900 GULF BLVD
SUITE 16-B
REDINGTON SHORES FL 33708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WULFF, DOUGLAS O.	
STREET ADDRESS	17900 GULF BLVD 16B	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	WULFF, DIANNE J.	
STREET ADDRESS	17900 GULF BLVD 16B	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WULFF, DEBRA A	
STREET ADDRESS	1310 COTTAGE DR	
CITY-ST-ZIP	STILLWATER MN	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33708
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33708
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	55082
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS O. WULFF 4/10/99 727-393-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0420774
 CR2E034 (1.1/98)