FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L57344** **(8)**

1. Corporation Name

UNEEDA HAIRCUT, INC.

Principal Place of Business	Mailing Address
3392 CUSTER AVE. **LAKE WORTH FL 33467**	**3392 CUSTER AVE.** **LAKE WORTH FL 33467**

3. Date Incorporated or Qualified: **03/12/1990**

3a. Date of Last Report: **11/15/1995**

4. FEI Number: **65-0171644**

Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MILES, DONALD S.
3392 CUSTER AVE.
LAKE WORTH FL 33467

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 607.0403 and/or 617.1503, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	MILES, DONALD S.		1.2 NAME	
STREET ADDRESS	3392 CUSTER AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	MILES, MARINA		2.2 NAME	
STREET ADDRESS	3392 CUSTER AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	JOSEPHSEN, ANGELA P.		3.2 NAME	
STREET ADDRESS	3392 CUSTER AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4 CITY-ST-ZIP	
TITLE	TD	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MILES, DONALD S JR.		4.2 NAME	
STREET ADDRESS	3392 CUSTER AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Donald Miles PRESIDENT 4/25/96 407-641-4306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number