

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Jun 05 1998 8:00 am
 Secretary of State

DOCUMENT # M27041 (7)
 1. Corporation Name
 Prime Cut Hair Salon Inc.

Principal Place of Business: 2832 N.E. 21ST COURT FT. LAUDERDALE FL 33305
 Mailing Address: 2832 N.E. 21ST COURT FT. LAUDERDALE FL 33305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified	
21	850 LIVES DAIRY RD	26	5726 FLAMINGO ROAD	1986	
22. Suite, Apt. #, etc. T-9		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State MIAMI FL		28. City & State COOKER CITY FL		59-2661140	
24	Zip 33179	25	Country USA	5. Certificate of Status Desired	
29	Zip 33328	30	Country USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARISI, PETER P 2832 N.E. 21ST COURT FT. LAUDERDALE FL 33305				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: <i>[Signature]</i>					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARISI, PETER P			1.2 NAME			
STREET ADDRESS	2832 N.E. 21ST COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33305			1.4 CITY-ST-ZIP			
TITLE	RICHARD MOORE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				2.2 NAME	PRESIDENT RICHARD B. MOORE		
STREET ADDRESS				2.3 STREET ADDRESS	11200 S.W. 1ST COURT		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	PLANTATION FL 33325		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	300002557713-8		
STREET ADDRESS				3.3 STREET ADDRESS	-06/12/98--01009--008		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	****150.00 ****150.00		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME	TS GLO P/O		
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 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 registered 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 without an address.

SIGNATURE: *[Signature]*
 RICHARD B. MOORE
 PRESIDENT
 4/18/98

CP-934 (10/97)