

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	M46459	(7)
1. Corporation Name	SALON 46 HAIR DESIGN, INC.	


Principal Place of Business	Mailing Address
4461 SHERIDAN ST HOLLYWOOD FL 33021 US	4461 SHERIDAN ST HOLLYWOOD FL 33021 US

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

9. Name and Address of Current Registered Agent
HORLAND, JAMES A. 290 N.W. 18TH STREET, SUITE PH-4 CITICENTRE MIAMI FL 33169

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 <u>JAMES A. HORLAND</u> Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	PD SUPPA, MARY LOU
STREET ADDRESS	4545 SHERIDAN ST.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SECRETARY OF STATE


REINSTATEMENT 96-97

3. Date Incorporated or Qualified	3a. Date of Last Report
02/11/1987	05/19/1995
4. FEI Number	Applied For
59-2772241	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

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
	FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
600002283176--6	-09/02/97--01178--008	****375.00	****375.00
600002283176--6	-09/02/97--01178--009	****540.00	****540.00
600002283176--6	-09/02/97--01178--010	*****8.75	*****8.75
600002283176--6	-09/02/97--01178--011	*****8.75	*****8.75

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/12/97</u> Daytime Phone #: <u>961 3612</u>

CR2E034 (3/96)