

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M79596** (6)

1. Corporation Name  
**IMAGE HAIR CONSULTANTS, INC.**

Principal Place of Business <b>1215 69TH AVE W BRADENTON FL 34207</b>	Mailing Address <b>1215 69TH AVE W BRADENTON FL 34207-5832</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/02/1988</b>		3a. Date of Last Report <b>10/07/1996</b>	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number <b>59-2905838</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DAVIDSON, CARL 1215 69TH AVE WEST BRADENTON FL 34207</b>				10. Name and Address of New Registered Agent			
				81 Name <b>JUDITH N. DAVIDSON</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1215 69TH AVE W.</b>			
				83			
				84 City <b>BRADENTON</b> FL <b>34207</b>			

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

*Judith N. Davidson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, CARL J.			1.2 NAME			
STREET ADDRESS	1215 69TH AVE WEST			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, MARK L.			2.2 NAME			
STREET ADDRESS	3542 SPRINGDALE RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUECHNER, ROBERT W.			3.2 NAME			
STREET ADDRESS	105 E FOURTH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, JUDITH			4.2 NAME			
STREET ADDRESS	1215 69TH AVE WEST			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			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 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:

*Judith N. Davidson* JUDITH N. DAVIDSON

**4/24/97**

**941-758-9291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)