

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000006619
1. Corporation Name MIKES BARBER SHOP, INC. 1301-66 S. PATRICK DR. SATELLITE BEACH, FL 32937

Principal Place of Business 1301-66 S. PATRICK DR. SATELLITE BEACH, FL 32937	Mailing Address 1301-66 S. PATRICK DR. SATELLITE BEACH, FL 32937
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1301-66 S. PATRICK DR.
22 City & State	27 66
23 Zip	28 SATELLITE BEACH -
24 Country	29 FL
25	30 32937

3. Date Incorporated or Qualified 11-16-92	3a. Date of Last Report
4. FEI Number 59-3150570	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MIKE FINLEY 332 SO. POINT COURT SATELLITE BEACH, FL 32937

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

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 X MICHAEL S. FINLEY <i>Michael S. Finley Pres</i> DATE X APRIL 24, 1997

12. OFFICERS AND DIRECTORS	
TITLE	NAME
MIKE FINLEY - PRES.	
STREET ADDRESS	
332 SO POINT COURT	
CITY - ST - ZIP	
SATELLITE BEACH, FL 32937	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	12. NAME
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	22. NAME
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	32. NAME
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	42. NAME
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	52. NAME
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	62. NAME
63. STREET ADDRESS	
64. 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: X MICHAEL S. FINLEY <i>Michael S. Finley Pres</i> DATE: X APRIL 24, 1997 DAYTIME PHONE #: 407-773-5073