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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P93000 HAIR STYLING, INC.	003395 (9)							1 11 11 111 1
Principal Place of Business Mailing Address									
327 CORONADO DR. CLEARWATER BEACH FL 34630 327 CORONADO DR. CLEARWATER BEACH FL 34630)					
						Date Incorporated or Qualified 01/11/1993		ate of Last R 27/1996	leport
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number	001		oplied For
21		26				 			ot Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27				S, continuate of otation business		Fee Ro	
City & Star	le	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Zip	Cou	ntru		Trust Fund Contribution	<u> </u>	Added t	
24	25	29	30	····i y		8. This corporation has liability for in		tax under s.	. 199,032,
	g, Name and Address of Curren	t Registered Agent	1801			10. Name and Address of New Re			
KAI	LAS, GEORGE			81 1	Vame				
202 HOWARD DRIVE				82 3	Street Address (P.O. Box Number is Not Acceptable)				
	LEAIR BEACH FL 34835		62 Str			as (F.O. BOX Mulliber is Not Accepted)	10)		
			J	83					
			-	84	City			85 Zip (Code
					•		FL	.	l
11, Pursuant office or a agent. I a	to the provisions of Sections 607,050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Horida. Such change was ations of, Section 607.0505, F	tes, the at authorized orida State	ove-n I by thutes.	amed corpo e corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of the app	changing its ointment as	s registered registered
SIGNATURE	X John Co	· · · · · · · · · · · · · · · · · · ·	···					7-97	<u>/</u>]
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	13.	Agent s	ignature require	d when roustating)	DATE	DIDECTOR	20.00.40
12.	OFFICERS AND DIRECTORS DILETE			LE	T	ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	Addition
NAME	KALLAS, GEORGE		E	1.2 NAME				L. Tomango	1,007,011
STREET ADDRESS	202 HOWARD DR.			REET AD	DRESS				[
CITY-ST-ZIP	BELLEAIR BEACH FL 34635		- 1	1.4 CHTY-ST-ZIP					ľ
TITLE			21111	·	<u> </u>	*		Change	Addition
NAME	KALLAS, DORA		2.2 NA	2.2 NAME					ĺ
STREET ADDRESS	202 HOWARD DR.		2.3 ST	REET ADI	DRESS	•	7		
CITY-ST-ZIP	BELLEAIR BEACH FL 34635		2. 4 CI	1Y-SI-7	ZIP				}
TITLE		DELETE	3.1 711	LE				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 \$16	REET ADI	DRESS				ĺ
CITY-ST-ZIP				IY-SI-2	!IP	ن خیاده در این		TT 5:	
TITLE		T DETELE	4.1 1)1					Change	L_I Addition
NAME			4. 2 NA						
STREET ADDRESS	J		1	REFT ADI	1		•		,
CITY-ST-ZIP TITLE		DELETE	4.4 CII 5.1 TIT	Y-\$1-Z	P			Change	Addition
NAME		E'D OFFER	5.2 NA					Vilango بے	L AUUIIIOII
STREET ADDRESS	1		•	NE REEL ADI	OBESS				}
CITY-ST-ZIP			1	Y-S1-7					
TITLE		DELE1E	6.1 TIT					Change	Addition
NAME			6.2 NAI		[-	
STREET ADDRESS			6.3 ST	KEET ADO	DRESS				
CITY-ST-ZIP			6.4 CIT	Y - \$1 - Z	P				
A									

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.

PRESIDENT.

GNATURE: X January 1.