

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

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**Apr 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000082517 (2)**

1. Corporation Name  
**SCISSORS EDGE SALON, INC.**



Principal Place of Business  
**3815 N US HWY #1  
UNIT 109  
COCOA FL 32926**

Mailing Address  
**3815 N US HWY #1  
UNIT 109  
COCOA FL 32926-5947**

3. Date Incorporated or Qualified  
**11/22/1993**

3a. Date of Last Report  
**04/29/1996**

4. FEI Number  
**59-3212819**

Applied For  
 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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent  
**WADE, TRACY L  
4220 LEE HALL PL  
COCOA FL 32927**

10. Name and Address of New Registered Agent

81 Name **Marcheterre, Jean A**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4230 Seville Ave**

83

84 City **Cocoa** FL 85 Zip Code **32926**

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 **Jean A. Marcheterre P.D.T.** DATE **3-25-97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WADE, TRACY L</b>	
STREET ADDRESS	<b>4220 LEE HALL PL</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCHETERRE, JEAN A</b>	
STREET ADDRESS	<b>4230 SEVILLE AVE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jean Marcheterre</b>	
1.3 STREET ADDRESS	<b>4230 Seville Ave</b>	
1.4 CITY-ST-ZIP	<b>Cocoa, Fl. 32926</b>	
2.1 TITLE	<b>DVS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Marcheterre, Mark</b>	
2.3 STREET ADDRESS	<b>4230 Seville Ave.</b>	
2.4 CITY-ST-ZIP	<b>Cocoa, Fl. 32926</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, as 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: **Jean A. Marcheterre** **Jean A. Marcheterre** DATE **3-25-97** DAYTIME PHONE # **639-1742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)