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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Change

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Addition

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Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P9400005052 (3)

HAIR WORKS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address DIANE EDGERTON % DIANE EDGERTON 840 E. OAKLAND PARK BLVD., #116 840 E. OAKLAND PARK BLVD., #116 OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-2755 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1994 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2953276 21 26 Not Applicable Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Ζφ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDGERTON, DIANE 840 E. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 116 83 OAKLAND PARK FL 33334 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition EDGERTON, DIANE NAME 1.2 NAME 1040 NE 16TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY - ST - 7(P) 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change I... Addition NAME 2.2 NAME

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14. If 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 artifices.

SIGNATURE: Signature and type of Printed Name of Signing Officer on Director