
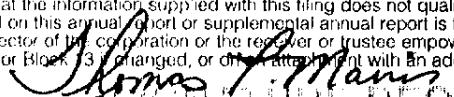


FILED

Mar 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000072283 (2)</b>			
<b>1. Corporation Name</b> <b>HAIR DAZZLERS, INC.</b>			
<b>Principal Place of Business</b> <b>7330 GULF BLVD.</b> <b>ST. PETE BEACH FL 33706</b>		<b>Mailing Address</b> <b>7330 GULF BLVD.</b> <b>ST. PETE BEACH FL 33706-1048</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
<b>9. Name and Address of Current Registered Agent</b>			
<b>BROIDA &amp; MCKINNEY, P.A.</b> <b>605 - 75TH AVE.</b> <b>ST. PETE BEACH FL 33706</b>			<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>1. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>D MORRIS, THOMAS L</b> <b>7330 GULF BLVD.</b> <b>ST PETE BEACH FL 33706</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> DELETE	
<b>13.</b>			
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>			
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>			
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>			
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>			
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>			
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>			
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, unchanged, or did not attach with an address.</b>			
<b>SIGNATURE:</b>  <b>THOMAS L. MORRIS</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

2/24/97 (813) 363-4002