	E NOW: FILING F	EE AFTE	R MAY 1	1S \$225.00			
COR ANNU	PROFIT PROFIT PROPITION JAL REPORT		FLORIDA DEP Sandra Secre	ARTMENT OF STATE. a B. Mortham, otary of State F CORPORATIONS			
DOCU	MENT # P95	500002	9529 (1)			
1. Corporation POST	r Hills barber shop	NC.	·	•			(Å) Å))(Ä) Ä!Ä) Å!! »ÄÄ!
Principal Place 5744 JOHN			ig Address 744 JOHNSON ST				
	OD FL 33024		OLLYWOOD FL 3			-,1	
					3. Date Incorporated or Qualified 04/14/1995	3a. Date of Las	st Report
<u> </u>	ace of Business	F-1	ailing Address		4. FEI Number 65-0578117	-	Applied For
Suite, Apt.	#, etc.	26	uite, Apt. #, etc.			\$8	Not Applicable .75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & State	e	28 C	ity & State		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be dded to Fees
Zip	Country		p	Country	8. This corporation has liability for	-	er s. 199.032,
24	25 g. Name and Address of C	29 Current Register	ed Agent	30	Florida Statutes Yes 10. Name and Address of New F	□ No Registered Agent	
				81 Name			
	, JOHN			82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
	Johnson St Ywood Fl 33024			83			
HOLL	11100011 00024			I I			
				84 City		85	Zip Code
44 Diversional	to the excilaine of Sections 60°	7.0500 and 607.1	EOR Florida Stat		oration submits this statement for the ru	FL 85	_ `
or register	red agent, or both, in the State o	of Florida. Such cl	hange was author	ites, the above named corporation's bo	pration submits this statement for the pu and of directors. I hereby accept the app	roose of changing	its registered office
or register familiar wi	red agent, or both, in the State o ith, and accept the obligations of	of Florida. Such of f, Section 607.05	nange was author 05, Flonda Statute	ites, the above named corporation's booses.	ard of directors. I hereby accept the app	rpose of changing ointment as registe	its registered office
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 or an attact mont with an address.

SIGNATURE:

| Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and typed or prayed name of signing officer or director. | Signature and that my signature shall have the exemption stated in Section 119.07(3)(k). Florida Statutes. | I further certified and does not director. | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3)(k). | Signature shall have the exemption stated in Section 119.07(3