

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033229 (2)

1. Corporation Name

FIRST CHOICE HAIRCUTTERS (FLORIDA), INC.



Principal Place of Business

Mailing Address

% RUDNICK & WOLFE  
101 E. KENNEDY BLVD. SUITE 2000  
TAMPA FL 33602

6465 MILLCREEK DRIVE, SUITE 210  
MISSISSAUGA ONTARIO L5N 5R6  
CANADA

2. Principal Place of Business

2a. Mailing Address

21 6465 MILLCREEK DRIVE  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 SUITE 210  
City & State

27 City & State

23 MISSISSAUGA, ONTARIO

28 City & State

24 L5N 5R6  
Zip Country  
25 CANADA

29 Zip Country  
30

9. Name and Address of Current Registered Agent

BEYER, DAVID A  
% RUDNICK & WOLFE  
101 EAST KENNEDY BLVD. SUITE 2000  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number  
59-3319518

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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)

(If the Registered Agent is not a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME TUCKER, BRIAN  
STREET ADDRESS 6465 MILLCREEK DR. SUITE 210  
CITY-STATE-ZIP MISSISSAUGA ONTARIO CANADA

11 TITLE P/S/T/D  Change  Addition  
12 NAME TUCKER, BRIAN  
13 STREET ADDRESS 6465 MILLCREEK DR. SUITE 210  
14 CITY-STATE-ZIP MISSISSAUGA ONTARIO CANADA L5N 5R6

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

15 TITLE V/D  Change  Addition  
16 NAME COWAN, A. BUDDY  
17 STREET ADDRESS 6465 MILLCREEK DR. SUITE 210  
18 CITY-STATE-ZIP MISSISSAUGA ONTARIO CANADA L5N 5R6

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRIAN J. TUCKER

Mar 25/96 905 821 8555  
Date Date/Time Phone #

CR2E034 (12/95)