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

PROFIT Fin | Land France | Land FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 AUG 25 AM 11: 45 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAMASSEE FLORIDA POCUMENT # POG00058368 S HEARS HAIR SALON, INC. Principal Place of Business
11405 N. DACK MABAY MARA, FL. 33618 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Aodress 2. Principal Place of Business Applied For 11405 N. Dale Maly Suite, Apt. #, etc 59-3337913 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 11/668 BGROWG 149 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name 5. HAKT 82 Street Address (P.O. Box Number is Not Acceptable) DAWNVIEW DR. 83 TAMPA, FC. 84 85 Zip Code 33624 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. Thereby accept the appointment as registered agent, I am familiar up and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (and in protecting) of the state of an accept the purpose of changing its registered agent. I am familiar up and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (and in protecting) of the state of an accept the purpose of changing its registered agent. I am familiar up and accept the appointment as registered agent, I am familiar up and accept the appointment as registered agent, I am familiar up and accept the appointment as registered agent, I am familiar up and accept the appointment as registered agent, I am familiar up and accept the appointment as registered agent, I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount for the purpose of changing its registered agent. I am familiar up a discount f Price installing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 icar ditte il aprocable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE RESIDENT 1.1.1ITE GREGORY 5. IMANT 16084 DAWN VIEW DR. 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 500002278025 CITY-ST-ZIP 1.4 CITY - ST - 7IP TITLE 2.1 TITLE ****165.00 NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE ... Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITUE NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CBY - S1 - 7/P CHTY-ST-ZIP DELETE ☐ Change ☐ Addition 511000 TITLE 5.2 NAME NAM STREE ADDRESS 53 STREET ADDRESS CITY DI-ZIP 54 CITY-ST-7IP DELFTE Change Addition TITLE 6.1 TITLE G 2 NAME NAME STREET ADDRESS 6 3 STHEET ADDRESS 6.4 CITY - ST - 7IP 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 supplicmental annual report is fue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if glanger, or on an attaching int with a address. SIGNATURE: 08-21-1997 Daying Proce

ING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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∌ 'F	# PROFIT FLORIDA DEPARTMENT OF STATE				
CORPORATION		Sandra B. Mortham			
ANNU	ANNUAL REPORT Secretary of State				
•	1997	DIVISION OF C	ORPORATIONS		
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		3000000 (0)			
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Principal Place of Business Mailing Address				- 1 10011001 (46 1616) 01111 00111 60111 0011	1 MB181 B168 18100 11118 81181 1811 1881
16084 DAWNVII	EW DR.	16084 DAWNVIEW			
TAMPA FL 336	24	TAMPA FL 33624		DO NOT WRITE	IN THIS SPACE
				Date Incorporated or Qualified	3a. Date of Last Report
				07/21/1995	05/01/1996
2 Principal Pla	ace of Business	2a. ng Addr is		FEI Number	Applied For
21	ade di Business	26		59-3333913	Not Applicable
Suite, Apt. (#. etc.	affle vt. #, etc.			_ \$9.75 Additional
22				5. Certificate of Status Desired	Fee Required
City & State		City & Sta		6. Election Campaign Financing	\$5.00 мы
23		β		Trust Fund Contribution	☐ Added to ees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Langible
24			30	Personal Property Tax due June	
	9. Name at ddress of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
∠ AR	RT, GREGORY S		81 Name	- 1	
604	84 DAWNVIEW DR.		82 Street Add	ress O. Box Number is Not Acceptab	ie)
	IPA FL 33624				
11			83		· · ·
			84 City		85 Zip ode
			84 City		FB 183 Zilla ode
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida \$ atut	es, the ve-named corp	poration submits this statement	the appointment as registered
office or re	o the provisions of Sections 607.05(egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change las a sations of, Section 1955 b. Flo	authorize by the corporal orida State is.	tion's lard of directors. I hereby a	t the appointment as registered
-					
SIGNATURE	Signature, typed or printed name of registered ag	nnt and little if applicat	E. Registered A signature requi		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDIN S/CF ANGES TO OFFICE	
TITLE	D	DELETE	1.1 TUTLE ▼		[_] Change [_] Addition
NAME	Hart, Greg <u>o</u> ry s		1.2 NAME		[]
STREET ADDRESS	16084 DAW VIEW DR.		1.3 STREET ADDRESS		!!
CITY-ST-ZIP	TAMPA FL_3624		1,4 CITY-ST-ZIP		
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l -					
CITY-ST-ZIP TITLE		DELETE	54 DITY-STAP		Change Addition
l i		Land December	62 NAME		
NAME			1		İ
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	ov earlify that the information	ad with this files does not a	6.4 CITY-ST-ZIP	d in Section 119 07/3Vi) Florido Statuto	s. I further certify that the
14. Loo neret	by certify that the information	so with this ming does not quall	ry for the exemption state	d in Section 119.07(3)(i), Florida Statute	of offset on it made under eath; that

4. I do hereby certify that the information is a bled 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 is upplemental 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.