


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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90150 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P95000058368						
1. Corporation Name SHEARS HAIR SALON, INC.						
Principal Place of Business 11405 N. DALE MABRY TAMPA FL 33618			Mailing Address 11405 N. DALE MABRY TAMPA FL 33618			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/21/1995		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3333913		
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent HART, GREGORY S 16004 DAWNVIEW DR. TAMPA FL 33624			10. Name and Address of New Registered Agent 81 Name HAAT, GREGORY S 82 Street Address (P.O. Box Number is Not Acceptable) 19314 GARDEN QUILT CIRCLE 83 84 City LUTZ FL 85 Zip Code 33549			
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) DATE _____						
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS HART, GREGORY S CITY-ST-ZIP 16004 DAWNVIEW DR. TAMPA FL 33624			1: TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2: NAME 3: STREET ADDRESS 19314 GARDEN QUILT CIRCLE 4: CITY-ST-ZIP LUTZ, FL 33549			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2: TITLE 2: NAME 2:3 STREET ADDRESS 2:4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3: TITLE 3: NAME 3:3 STREET ADDRESS 3:4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4: TITLE 4:2 NAME 4:3 STREET ADDRESS 4:4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5:1 TITLE 5:2 NAME 5:3 STREET ADDRESS 5:4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6:1 TITLE 6:2 NAME 6:3 STREET ADDRESS 6:4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-99

Date

(813) 652-9711

Daytime Phone #

CR2E034 (11/98)