

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.)

FILED

97 JUL 21 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073426 (5)

1. Corporation Name  
HAIR CARE SUPPLIES, INC.

AT-AR CM



Principal Place of Business 1340 STIRLING ROAD DANIA FL 33004	Mailing Address 1340 STIRLING ROAD DANIA FL 33004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3262 W Hillsboro Blvd 22 Suite, Apt. #, etc. 23 Deerfield Beach 24 33442 25 Country 26 27 28 29 30		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 29 Zip 30 Country		3. Date Incorporated or Qualified 09/22/1995		3a. Date of Last Report 04/30/1996	
4. FEI Number 65-0614200		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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
9. Name and Address of Current Registered Agent BERMAN, WAYNE M 1340 STIRLING ROAD DANIA FL 33004				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box) 83 84 City 85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1800 S OCEAN DR #106	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	FT LAUDERDALE FL 33316	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	1800 S OCEAN DR #106	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	FT LAUDERDALE FL 33316	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CR2E034 (4/97)