

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084399 (1)

1. Corporation Name

KELTIC MAN HAIR SALON, INC.

Principal Place of Business

Mailing Address

1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334

1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334



2. Principal Place of Business

2a. Mailing Address

21 1504 E. COMMERCIAL BLVD

26

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

27

City & State

23 OAKLAND PARK

28

Zip

Country

Zip

Country

24 FL 33334

25

29

30

9. Name and Address of Current Registered Agent

CANNON, BRENDA
1280 N.E. 32ND STREET
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

BRENDA CANNON

82

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

300 NE 60 ST

83

84

OAKLAND PARK

(NEW ADDRESS)

FL

85

Zip Code

33334

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 of person who is not a registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANNON, BRENDA	
STREET ADDRESS	1280 N.E. 32ND ST.	
CITY-STATE-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THEWLISS, RUTH	
STREET ADDRESS	10 WOODSOME AVENUE	
CITY-STATE-ZIP	MIRFIELD, W YORKSHIRE ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GOV. LADSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOV. LADSON	
1.3 STREET ADDRESS	300 NE 60 ST	
1.4 CITY-STATE-ZIP	FT. LAUDERDALE FL 33334	
2.1 TITLE	EMMA. MORGAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EMMA. MORGAN	
2.3 STREET ADDRESS	300 NE 60 ST	
2.4 CITY-STATE-ZIP	FT. LAUDERDALE FL 33334	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96 954 4939636

CR2E034 (3/96)