

**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

22 City & State

27 City & State

23 OAKLAND PARK

28 City & State

24 FL 33334

29 30 Country

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report

4. FEI Number
65-0616418

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

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 City OAKLAND PARK FL 85 Zip Code 33334 (NEW ADDRESS)

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 current registered agent and office registration

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CANNON, BRENDA
STREET ADDRESS 1280 N.E. 32ND ST.
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D
NAME THEWLISS, RUTH
STREET ADDRESS 10 WOODSOME AVENUE
CITY-ST-ZIP MIRFIELD, W YORKSHIRE ENGLAND

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ~~COUNCIL MANAGER~~
12 NAME ~~300 NE 60 ST~~
13 STREET ADDRESS ~~FT LAUDERDALE FL 33334~~ DELETE
14 CITY-ST-ZIP

21 TITLE ENNA MORGANWAY
22 NAME 300 NE 60 ST
23 STREET ADDRESS FT LAUDERDALE FL 33334
24 CITY-ST-ZIP

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

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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: *Brenda Cannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96 954 4939636

CR2E034 (3/96)