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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334

Mailing Address
1504 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334-5751

3. Date Incorporated or Qualified
11/03/1995
3a. Date of Last Report
08/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0616418		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

CANNON, BRENDA
300 NE 60 STREET
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, BRENDA	1.2 NAME	
STREET ADDRESS	1280 N.E. 32ND ST.	1.3 STREET ADDRESS	300 NE 60th STREET
CITY-ST-ZIP	POMPANO BEACH FL 33084	1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGEWAY, EMMA	2.2 NAME	
STREET ADDRESS	300 NE COST	2.3 STREET ADDRESS	300 NE 60th STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	RIDGEWAY, COLIN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	300 NE 60th STREET
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP-DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	RIDGEWAY, MARK
CITY-ST-ZIP		4.4 CITY-ST-ZIP	300 NE 60th STREET
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Sandra B. Mortham 4/16/97 453 9636

CR2E034 (9/96)