

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089583 (5)

1. Corporation Name  
BROTHERS & SISTERS HAIR SALON, INC.



Principal Place of Business 2503 NORTH ANDREWS AVENUE WILTON MANORS FL 33311	Mailing Address 2503 NORTH ANDREWS AVENUE WILTON MANORS FL 33311-2507
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3. Date Incorporated or Qualified 11/20/1995 3a. Date of Last Report 08/26/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0655748 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PREMIER MANAGEMENT COMPANY 1861 WEST OAKLAND PARK BLVD. OAKLAND PARK FL 33311		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jean-Marie Olivier, President of Premier Mgmt Co 4-7-97  
Signature, typed or printed name of registered agent and title if applicable. (NO 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	Change Addition
STREET ADDRESS	1475 HOLY HEIGHTS DRIVE, #2	1.2 NAME	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	CEINOR, JEAN ROLAND	2.1 TITLE	
CITY-ST-ZIP	3971 NW 32ND AVENUE	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	LAUDERDALE LAKES FL 33309	2.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		3.1 TITLE	
TITLE	NAME	3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		6.1 TITLE	
TITLE	NAME	6.2 NAME	Change Addition
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 Jean-Marie Olivier 4-10-97 9:56 630-0144

CP2E034 (9/96)