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Apr 29 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 # P96000004411 (0)

1. Corporation Name

ORANGE PARK FAMILY HAIR CARE, INC.

Principal Place of Business

449-A KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address

449-A KINGSLEY AVE
ORANGE PARK FL 32073-4841

3. Date Incorporated or Qualified

02/01/1996

3a. Date of Last Report

1st report

2. Principal Place of Business

21 449 Kingsley Ave
Suite, Apt. #, etc. A

2a. Mailing Address

26 same
Suite, Apt. #, etc.

4. FEI Number

59-3367082

Applied For

Not Applicable

22 City & State

23 Orange Park, FL
Zip Country

24 32073
25 CLAY

27 City & State

28
Zip Country

29
30

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

WILLIAMS, GRADY H JR
1270 KINGSLEY AVE, SUITE 117
ORANGE PARK FL 32073

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

(NOT: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAROE, ROBERT J
STREET ADDRESS 6010 TRAWICK RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32856

DELETE

TITLE D
NAME MAROE, MICHELE R
STREET ADDRESS 6010 TRAWICK RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32856

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

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:

Michael P. Maroe VP

4-22-97 (900) 215-0999

CR2E034 (9/96)