

P96000022318

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

N# 52504

RE: Cinderella Wig Field Exp
Prosthetic Sads MAR 12 1996 PH 1-21

SEC. OF RE. OF STATE
 TALLAHASSEE, FLORIDA

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

- Capital Express™
- Art. of Inc. File
- Corp. Record Search
- Ltd. Partnership File
- Foreign Corp. File
- () Cert. Copy(s)
- Art. of Amend. File
- Dissolution/Withdrawal
- C U S-
- Fictitious Name File
- Name Resorvation
- Annual Report/Reinstatement
- Reg. Agent Service
- Document Filing
- Corporatin Kit
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- File No.'s. _____ Copies
- Courier Service _____
- Shipping/Handling
- Phone () _____
- Top Priority _____
- Express Mail Prep _____
- FAX () _____ pgs.

03/12/96 01001-022
 ***122.50 ***122.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

96 MAR 12 AM 10:37
 TALLAHASSEE, FLORIDA

PH
3/14/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/14/96		
TIME	10:00H		CK No. _____
BY	[Signature]		

WALK-IN
 Will Pick Up _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

of
CINDERELLA WIG AND BREAST PROSTHETIC SALON, INC.

(name of corporation)

FORM 215

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:
CINDERELLA WIG AND BREAST PROSTHETIC SALON, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of ONE DOLLAR Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	CINDERELLA WIG AND BREAST PROSTHETIC SALON, INC.		
ADDRESS	4064 FOREST HILL BLVD		
CITY	WEST PALM BEACH	FLORIDA	ZIP 33406

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	NORMA JEAN JOHNSON		
ADDRESS	4488 KIRK ROAD		
CITY	LAKE WORTH	FLORIDA	ZIP 33461

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	NORMA JEAN JOHNSON		
ADDRESS	4488 KIRK ROAD		
CITY	LAKE WORTH	STATE FLORIDA	ZIP 33461
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Norma Jean Johnson		
ADDRESS	4480 Kirk Road		
CITY	STATE	Florida	ZIP 33461
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of _____, 19____.

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
COUNTY OF Palm Beach) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Norma Jean Johnson
Signature

DRIVERS LICENSE
Form of Identification

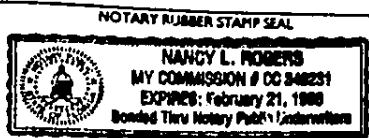
Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 7th day of MARCH 1996
Nancy L. ROGERS
Notary Signature
NANCY L. ROGERS
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

FILED
96 MAR 12 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CINDERELLA WIG AND BREAST PROSTHETIC SALON, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.001 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 4064 FOREST HILL BLVD.


WEST PALM BEACH, FLORIDA 33406

has named NORMA JEAN JOHNSON

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)