


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

FILED

Apr 30 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 # <b>PA6000033962</b> 1. Corporation Name: <b>HAIRLOOMS, INC</b>			
Principal Place of Business		Mailing Address <b>515 E. ALTAMONTE DR ALTAMONTE SPRINGS FL, 32701 Suite 3.</b>	
2. Principal Place of Business		3. Date incorporated or Qualified <b>APRIL 17 1996</b> 3a. Date of Last Report <b>APRIL 17 1996</b>	
21. Suite <b>3</b>		4. FEI Number <b>593373613</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
22. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		29. Country	
26. Country		30. Country	
9. Name and Address of Current Registered Agent <b>MELANIE A. PHILLIPS 150 THORNBERY DR CASSELBERRY FL, 32707</b>		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		86. 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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
1.2 NAME <b>MELANIE A. PHILLIPS</b>			
1.3 STREET ADDRESS <b>150 THORNBERY DR</b>			
1.4 CITY-ST-ZIP <b>CASSELBERRY, FL, 32707</b>			
2.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
400002163744 -05/02/97--01084--042 ***173.75			
14. I, _____, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is stated 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 on Block 12 or Block 13, changed, or on an attachment with an address.			
SIGNATURE: <b>Melanie A. Phillips Pres</b> _____ MELANIE A. PHILLIPS / PRES			
Date _____ Daytime Phone # _____			

CR2E034 (9/96)