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May 02 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 # P96000048802 (8)

1. Corporation Name

UP-A-KUT UNISEX SALON, INC.

Principal Place of Business

3411 WEST OAKLAND PARK BLVD.
STORE NO. 12
LAUDERDALE LAKES FL 33319

Mailing Address

3411 WEST OAKLAND PARK BLVD.
STORE NO. 12
LAUDERDALE LAKES FL 33311-1110

3. Date Incorporated or Qualified
06/05/1996

3a. Date of Last Report
NEW BUSINESS

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

650666821

Applied For

Not Applicable

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

TAYLOR, GROSSETT
3411 WEST OAKLAND PARK BLVD.
STORE NO. 12
LAUDERDALE LAKES FL 33319

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

TITLE PD
NAME TAYLOR, LOLA
STREET ADDRESS 3179 NW 71 AVENUE
CITY-ST-ZIP MARGATE FL 33063

TITLE VD
NAME TAYLOR, EFFRAN
STREET ADDRESS 7741 BELMONTE BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE D
NAME TAYLOR, GROSSETT
STREET ADDRESS 3411 WEST OAKLAND PARK BLVD. #12
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE ST
NAME TAYLOR, CACHETA
STREET ADDRESS 9970 NW 44 COURT
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

484-4406

Daytime Phone #

0288913

CR2E034 (9/96)