

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DO NOT WRITE IN THIS SPACE

FILED

97 JUL 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000062054 (7)
 1. Corporation Name: **STYLISH CUTS, INC.**



Principal Place of Business 1801 SOUTH FLAGLER DRIVE, SUITE M-01 WEST PALM BEACH FL 33401	Mailing Address 1801 SOUTH FLAGLER DRIVE, SUITE M-01 WEST PALM BEACH FL 33401
---	---

2. Principal Place of Business 21 9585 SOUTHERN BLVD. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 65-0683300	3a. Date of Last Report 07/24/1996
22 City & State 23 ROYAL PALM, FL	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
24 Zip 33411	25 Country PALM BEACH	29 Zip	30 Country

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	AL-RAWI, HUSSAIN	
STREET ADDRESS	1801 SOUTH FLAGLER DRIVE, SUITE M-01	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200002256322--3
2.4 CITY-ST-ZIP	-08/04/97--01069--019
3.1 TITLE	***165.00 <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (4/97)

STYLISH CUTS, INC.
1801 S. FLAGLER DR.
WEST PALM BEACH, FL.

7/21/97

(2)

SECRETARY OF STATE
TALLAHASSEE, FL.

GENTLEMEN,

ENCLOSED PLEASE FIND THE FOLLOWING ITEMS:

- A) PROFIT CORPORATION ANNUAL REPORT. - COMPLETED -
- B) MY CHECK FOR \$165. -

I UNDERSTAND THAT THIS REPORT IS BEING FILED LATE. HOWEVER, I DID NOT RECEIVE PRIOR NOTIFICATION OF THIS FILING REQUIREMENT. IT WOULD BE GREATLY APPRECIATED IF YOUR OFFICE WOULD ABATE THE LATE FILING PENALTY + ACCEPT THE ENCLOSED CHECK AS FULL + TIMELY PAYMENT OF THE FILING FEES DUE.

BE ASSURED THAT ALL REPORTS WILL BE FILED TIMELY IN THE FUTURE.

THANK YOU IN ADVANCE FOR YOUR ANTICIPATED COOPERATION IN THIS MATTER.

VERY TRULY YOURS.

H. Al. Rawi
HUSSAIN AL-RAWI
PRESIDENT.