



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

FILED

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	
<b>DOCUMENT # P96000082809 (0)</b>					
1. Corporation Name <b>HAIR STAR, INC.</b>					
Principal Place of Business <b>303 RACQUET CLUB ROAD STE 101 BLDG. 5 FORT LAUDERDALE FL 33326</b>			Mailing Address <b>303 RACQUET CLUB ROAD STE 101 BLDG. 5 FORT LAUDERDALE FL 33326-1153</b>		
2. Principal Place of Business			3. Date Incorporated or Qualified		
21 Suite, Apt. #, etc.			3a. Date of Last Report		
22 City & State			4. FEI Number		
23 Zip			65-0704163		
24 Country			5. Certificate of Status Desired		
25			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
26			8. Election Campaign Financing Trust Fund Contribution		
27			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
28			8. Election Campaign Financing Trust Fund Contribution		
29			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
30			8. Election Campaign Financing Trust Fund Contribution		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BEHAR, LARRY J 888 SE THIRD AVENUE STE 400 FORT LAUDERDALE FL 33316			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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: Type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)					
DATE					
12. OFFICERS AND DIRECTORS					
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					
1/17/97 954-4738696					
Date Daytime Phone #					
0285808					

CR2E034 (9/96)