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Apr 29 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 # P96000095911 (9)

1. Corporation Name
KING CUTS SALON, INC.

Principal Place of Business
5393 ROOSEVELT BLVD
SUITE 8
JACKSONVILLE FL 32210

Mailing Address
5393 ROOSEVELT BLVD
SUITE 8
JACKSONVILLE FL 32210-8424



| | | | |
|--------------------------------|----------------|---------------------|----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 5393 ROOSEVELT | 26 | 5393 ROOSEVELT |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | # 8 | 27 | # 8 |
| City & State | | City & State | |
| 23 | JAX FL | 28 | JAX FL |
| Zip | Country | Zip | Country |
| 24 | 32210 | 25 | DUAL |
| 29 | 32210 | 30 | DUAL |

| | |
|----------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 11/19/1996 | |
| 4. FEI Number | Applied For |
| 59-3380-116 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s 199 032, Florida Statutes | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|------------------------------------------------------------------------|----------|----------------------------------------------|---------------------------------|
| 8. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BINDER, DEXTER L 11001 OLD ST AUGUSTINE RD JACKSONVILLE FL 32257 | | | |
| 81 | Name | 82 | Street Address (P.O. Box, etc.) |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | DPT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BINDER, DEXTER | 1.2 NAME | |
| STREET ADDRESS | 11001 OLD ST AUGUSTINE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | 1.4 CITY-ST-ZIP | |
| TITLE | DVS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASON, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 2280 N UNIVERSITY BLVD APT 90D | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Dexter L. Binder 3-13-97 904 387-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E034 (9/96)