


FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041718 (2)**
Corporation Name
ATHLETIC CUTS INC.

Principal Place of Business 2302 SE 12TH ST. GAINESVILLE FL 32601	Mailing Address 2302 SE 12TH ST. GAINESVILLE FL 32601
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Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32604	Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 GAINESVILLE FLA 28 Zip 29 32604
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DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 05/06/1997	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
FEI Number	
Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

Name and Address of Current Registered Agent RATLIFF, COLEN M JR 2302 SE 12TH ST. GAINESVILLE FL 32601	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL
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Name and Address of New Registered Agent 85 Zip Code

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 Colen M. Ratliff 4-28-98
Signature, typed or printed name of registered agent and title if applicable (If "Off" Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 0 RATLIFF, COLEN M JR 2302 SE 12TH ST. P.O. DRAWER 13475 GAINESVILLE FL 32604	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE 2302 SE 12TH ST GAINESVILLE, FLA. 32604	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 (10/97)