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

**PROFIT CORPORATION** ANNUAL REPORT

1998

3

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITE F

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084529 (1)

PRO CUTS HAIR DESIGN, INC.

Principal Place of Business Mailing Address 500 18T ST., N., #101 500 1ST ST., N., #101 ST. PETERSBURG FL 33071 ST. PETERSBURG FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 500 /ST· 37. SAME Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 101 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing ST. Dere 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 33 701 USA Yes Personal Property Tax due June 30. □ N₀ 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY DiBenedery U 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 NO. #101 33701 Zip Code 3370/ 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 lamiliar with, and accept the objections of, Section 607.0505, Florida Statutes. President ed agent and title if applicab (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change DIBENEDETTO, JOHN F NAME 1.2 NAME 500 1ST ST., N., #101 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33071 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE DIBENEDETTO, PETER J NAME 22 NAME 500 1ST ST., N., #101 STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33071 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAMÉ STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIE 3.4. CITY - ST-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I hereby certify that the information supplied with this filling 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

Pur JOHN DiBemederro- Pres. SIGNATURE:

2/6/58 813-894-5174

Change

Change

Addition

Addition

FILED

Mar 16 1998 8:00am

Secretary of State