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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1997 8:00am Secretary of State

DOCUMENT # \$13947 1. Corporation Name ROY'S BARBER SHOP # 2, INC. Principal Place of Business Mailing Address 615 39TH ST W BRADENTON FL 34205 Mailing Address 615 39TH ST W BRADENTON FL 34205-2451										
							3. Date Incorporated or Qualified 11/14/1990		e of Last (9/1996	Report
. Principal F	lace of Busin	oss	2a. Mai	ling Address		<u> </u>	4. FEI Number	1 00/00		pplied For
<u>l</u>			26				65-0229410			lot Applicable
Suite, Apt.	#, etc.		27	te, Apt. #, etc.			5. Certificate of Status Desired			Additional tegulred
City & State			City	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fer			
Zip		Country 25	Zip		Country 30	у	8. This corporation has liability for	r intangible t	ax under	
		and Address of Co		d Agent			10. Name and Address of New R			
	3, ROY J.				81	Name				
615 39TH ST W Bradenton FL 34205					82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
BHA	DENIUN FL	. 34205			83	1	······································			
					84	City			85 Zip	Code
					[04	il Oity		FL	100	0000
1. Pursuant office or agent. La	to the provision registered ago am familiar wit	ons of Sections 607 ent, or both, in the h, and accept the c	7.0502 and 607.15 State of Florida. S obligations of, Sec	508, Florida Stat luch change was ction 607.0505, I	utes, the abov s authorized b Florida Statute	re-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby according	ournose of (changing intment a	its registered s registered
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office or i agent. I a BIGNATURE 2.	registered ago om familiar wit Signature, typed	ent, or both, in the thin, and accept the or protect rame of register OFFICER	State of Florida, Sobligations of, Sec and agent and title It app.	ction 607.0505, I	s authorized b Florida Statute OTE Registered Ap 13. 1.1 TITLE	y the corporates	ation's board of directors. I hereby account of the state	purpose of o ept the appo DATE ICERS AND I	intment a	s registered
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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 or 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: