



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

FILED

May 06 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 # S54809 (6) 1. Corporation Name HAIR DESIGNER'S DESIGNER, INC.			
Principal Place of Business 5761 W. SUNRISE BLVD. SUITE 15 PLANTATION FL 33313 US		Mailing Address 5761 W. SUNRISE BLVD SUITE 15 PLANTATION FL 33313-6269 US	
2. Principal Place of Business 21 6671 SUNSET STRIP Suite, Apt. #, etc. 22 City & State 23 SUNRISE, FLORIDA Zip Country 24 33313 25 US		2a. Mailing Address 26 6671 SUNSET STRIP Suite, Apt. #, etc. 27 City & State 28 SUNRISE, FLORIDA Zip Country 29 33313 30 US	
3. Date Incorporated or Qualified 05/23/1991		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0276806		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COOPER, DONNA FEARDN 8928 NW 6 CT. PLANTATION, 33324		10. Name and Address of New Registered Agent 81 Name COOPER, DONNA FEARDN 82 Street Address (P.O. Box Number is Not Acceptable) 2584 NORTH WEST 79 AVENUE 83 84 City MARGATE 85 Zip Code 33063	
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, typed 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	
TITLE	PTD	1.1 TITLE	(ADDRESS CHANGE ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DONNA	1.2 NAME	
STREET ADDRESS	5761 W SUNRISE BLVD #15	1.3 STREET ADDRESS	6671 SUNSET STRIP
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	VD	2.1 TITLE	(ADDRESS CHANGE ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, GARY	2.2 NAME	
STREET ADDRESS	5761 W SUNRISE BLVD #15	2.3 STREET ADDRESS	6671 SUNSET STRIP
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	S	3.1 TITLE	(ADDRESS CHANGE ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEARDN, MARLENE	3.2 NAME	
STREET ADDRESS	5761 W SUNRISE BLVD #15	3.3 STREET ADDRESS	6671 SUNSET STRIP
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33313
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: 		4/28/97 954 747-4999 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)