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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S60209

(1)

HEADLINERS HAIR WORKS, INC.

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address			T THE PARTY THE RITH SUPPLY IS NOT THE TRACE			il Dibir 1001
556 HARRISON AVENUE 556 HARRISON AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401-2622								
<u>.</u>		THINMIN OF THE DESCRIPTION			3. Date Incorporated or Qualified 06/17/1991	1	e of Last F	Poport
2. Principal Pl	lace of Rusiness COLL RIGHTIVE	2a. Mailing Address /-	0/	أ السداء ما	4. FEI Number			pplied For
			<u>10 64</u>	Terrotiv	59-3072517			ot Applicable
Suite Apt.	O Jenks (Ave	Suite, Apt. #, etc., (1)	(5.	ave.	5. Certificate of Status Desired			Additional equired
City & State	ama City Ila	City & State	r, jî	la	Election Campaign Financing Trust Fund Contribution			May Be to Fees
24 324	O / Country	29 37401 30	Countr	у	8. This corporation has liability for in Florida Statutes	tangible t		s. 199.032,
24 ,	9, Name and Address of Current				10. Name and Address of New Reg	<u> </u>		
NEV	/ILLE, BARBARA		81	Name			7 	
	3 WYOMING AVE		82	Stroot Addre	ess (P.O. Box Number is Not Acceptable	<u></u>		
	IN HAVEN FL 32444		02	Sireet Addit	555 () .O. DON MUHIDOLIS MOL ACCOPTAD	0,		
J			83	3				
			84	City		P-1	85 Zip	Code
				<u> </u>		FL		
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered aftent, or both, in the State o	and 607,1508, Florida Statutes, th f Florida. Such change was autho	ne abov rized b	ve-named corporation	oration submits this statement for the p on's board of directors. I hereby accep	arpose of a	changing i intment as	ts registered registered
agent. I a	m familiar With and accept the obligat	ions of, Section 607.0505, Florida	Statute	S. NEVI	1.60	2/2	100	•
SIGNATURE	Signature, typed or printed name of registered agent	FXX K BXX and the investmental in the investmental investmental in the investmental investmental in the investmental investmental in the investmental in	• • •	pent signature require	_	2/1	1-1-	
12.	OFFICERS AND		13.	gent a grandie rodane	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PSDV	DELETE	1.1 ITLE				Change	Addition
NAME	BARBARA NEVILLE		1.2 NAME					
STREET ADDRESS	1103 WYOMING AVE		1.3 S 1RE&	1 ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-	ST-ZIP				
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CITY-ST-ZIP			2 4 CITY-	-ST - 71F1				
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							Onenge	Houldon
NAME STORET ADDRESS			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	by certify that the information supplied	· · — - · · · · · · · · · · · · · · · ·	6.4 CHY-		in Section 119 07/3)(i). Florida Statutes	Lfurther	certify that	Lithe

I be majory certify that the immunitation supplied with this ining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 optigination 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 33 clyanged, or on an attachment with an address.

954 189 6114 954 189 6114