FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S99830** (9)

1. Corporation Name

P. J.'S PARADISE HAIR DESIGN, INC.

Principal Place of Business

P.O. BOX 5003
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5003
CLEARWATER FL 34618-5003

3. Date Incorporated or Qualified **11/28/1991**	3a. Date of Last Report **02/09/1996**

2. Principal Place of Business

21	WAGON WHeeL FleaMrk
22	Suite. Apt. # etc U - Row B-33
23	City & State 7801 PARK BIVD. P.VENAS PK Fl.
24	Zip 34665	25	Country PINellAS

2a. Mailing Address

26	
27	Suite. Apt # etc
28	City, State
29	Zip	30	Country PINellAS

4. FEI Number **59-3096984**	Applied For [X] Not Applicable
5. Certificate of Status Desired [ ]	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent

WILLIAMS, JUDY
2950 GLENOAK AVE
#L427
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City	FL	85	Zip Code

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 **PD** [ ] DELETE		1.1 TITLE	[ ] Change [ ] Addition
NAME **WILLIAMS, JUDY**		1.2 NAME	
STREET ADDRESS **P.O. BOX 5003 N/A**		1.3 STREET ADDRESS	
CITY-ST-ZIP **CLEARWATER FL**		1.4 CITY-ST-ZIP	
TITLE **ST** [ ] DELETE		2.1 TITLE	[ ] Change [ ] Addition
NAME **WILLIAMS, JUDY**		2.2 NAME	
STREET ADDRESS **P.O. BOX 5003 N/A**		2.3 STREET ADDRESS	
CITY-ST-ZIP **CLEARWATER FL**		2.4 CITY-ST-ZIP	
TITLE [ ] DELETE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE [ ] DELETE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE [ ] DELETE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE [ ] DELETE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-24-96   Daytime Phone # 724-8780