

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **409405 (8)**  
1. Corporation Name  
**MR. T'S BARBERS, LTD., INC.**



Principal Place of Business: **2084 HAVERHILL ROAD WEST PALM BEACH FL 33409**  
Mailing Address: **2084 HAVERHILL ROAD WEST PALM BEACH FL 33409**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/25/1972		04/19/1995	
22		27		4. FEI Number		Applied For	
23		28		59-1538901		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		<input checked="" type="checkbox"/>		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				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  
**BASCIETO, ORAZIO  
2084 HAVERHILL ROAD  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent  
81 Name: **D'ARGENIO, JOSEPHINE**  
82 Street Address (P.O. Box Number is Not Acceptable): **2084 HAVERHILL ROAD**  
83 City: **WEST PALM BEACH**  
84 City: **FL** 85 Zip Code: **33409**

11. Pursuant to the provisions of Sections 607.0507 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: *Josephine D'Argenio* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BASCIETO, ORAZIO	12. NAME	DIP/T/S
3. STREET ADDRESS	2084 HAVERHILL RD.	13. STREET ADDRESS	D'ARGENIO, JOSEPHINE
4. CITY, ST, ZIP	WEST PALM BEACH FL	14. CITY, ST, ZIP	2084 HAVERHILL ROAD, W. PALM B. FL.
5. TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY, ST, ZIP		24. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY, ST, ZIP		44. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY, ST, ZIP		54. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Josephine D'Argenio* DATE: **2/7/96** (407) 686-9410

CR2E034 (12/95)