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FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 545075 (4)

1. Corporation Name

GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF ALTA  
MONTE MALL, INC.

Principal Place of Business

ALTAMONTE MALL  
451 ALTAMONTE AVE.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

125 S. SERVICE RD.  
P.O. BOX 265  
JERICHO NY 11753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1977

4. FEI Number

11-2436431

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 6900 Jericho Turnpike

27 Suite, Apt. #, etc.

28 Syosset, New York

29 11791 30 Nassau

9. Name and Address of Current Registered Agent

GREAT EXPECTATIONS PRECISION HAIRCUTTERS  
OF UNIVERSITY MALL, INC.  
7171 N DAVIS HIGHWAY  
PENSACOLA FL 32504

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

TITLE PD ☐ DELETE  
NAME VONLIEBERMANN, DON  
STREET ADDRESS 125 SO. SERVICE ROAD  
CITY-ST-ZIP JERICHO NY

TITLE TD ☐ DELETE  
NAME KRAMER, MICHAEL  
STREET ADDRESS 125 SO. SERVICE ROAD  
CITY-ST-ZIP JERICHO NY

TITLE S ☐ DELETE  
NAME BATES, LOUISE  
STREET ADDRESS 125 SO. SERVICE ROAD  
CITY-ST-ZIP JERICHO NY 11753

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6900 Jericho Turnpike  
1.4 CITY-ST-ZIP Syosset, New York 11791

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6900 Jericho Turnpike  
2.4 CITY-ST-ZIP Syosset, New York 11791

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6900 Jericho Turnpike  
3.4 CITY-ST-ZIP Syosset, New York 11791

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Director  
4.3 STREET ADDRESS Marvin Marcus  
4.4 CITY-ST-ZIP 6900 Jericho Turnpike  
Syosset, New York 11791

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)