

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

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
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DOCUMENT # **591676** (2)

1. Corporation Name

GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF UNIVERSITY MALL, INC.

Principal Place of Business

**UNIVERSITY MALL, INC.
125 SO. SERVICE ROAD
JERICHO NY 11753-1008**

Mailing Address

**UNIVERSITY MALL, INC.
125 SO. SERVICE ROAD
JERICHO NY 11753-1008**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1978

4. FEI Number

11-2474896

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

24 Country

2a. Mailing Address

26 **6900 Jericho Turnpike**

27 Suite, Apt. #, etc.

28 **Syosset, New York**

29 Zip

11791

30 Country

Nassau

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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	TD	<input type="checkbox"/> DELETE
NAME	KRAMER, MICHAEL	
STREET ADDRESS	125 S. SERVICE RD.	
CITY-ST-ZIP	JERICHO NY	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VONLIEBERMANN, DON	
STREET ADDRESS	125 S. SERVICE RD.	
CITY-ST-ZIP	JERICHO NY	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BATES, LOUISE	
STREET ADDRESS	125 S. SERVICE RD.	
CITY-ST-ZIP	JERICHO NY 11753	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6900 Jericho Turnpike
1.4 CITY-ST-ZIP	Syosset, New York 11791

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6900 Jericho Turnpike
2.4 CITY-ST-ZIP	Syosset, New York 11791

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6900 Jericho Turnpike
3.4 CITY-ST-ZIP	Syosset, New York 11791

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Marvin Marcus
4.4 CITY-ST-ZIP	6900 Jericho Turnpike

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Syosset, New York 11791
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CF2E034 (10/97)