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

PROFIT CORPORATION ANNÚAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

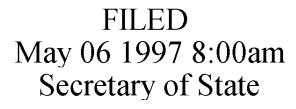
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

690713

(3)

GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF WEST LAND MALL, INC.





Principal Place of Business 1865 W. 49TH STREET HIALEAH FL 33012		Mailing Address 125 S. SERVICE ROAD JERICHO NY 11753-1009				- 130 (C 1		
						3. Date Incorporated or Qualified 06/17/1981	3a. Date of Last 05/01/199	Report
2. Principal Place of Business 2a. Mailing Address			*****			4. FEI Number	 	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.								Vot Applicabl∈
22 27			1, 610.			5. Certificate of Status Desired	1 7	Additional Required
City & State City & State						6. Election Campaign Financing	\$5.00	0 May Be
23	28					Trust Fund Contribution Added to Fees		
Zip 24	Country Z _I p 25 29 30			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:		
	9. Name and Address of Curre	nt Registered Agent	30	_		Florida Statutes 10. Name and Address of New Re	J Yes XX No	
GR	EAT EXPECATIONS PRECISION			81	Name	TO, Italia dila Addicas of New Tre	giatered Agent	
	UNIVERITY MALL, INC.			82	Oten et Ael	Street Address (D.O. Dev Number is Not Assessable)		
7171 N. DAVIS HWY				6 2	Street Address (P.O. Box Number is Not Acceptable)			
PE	NSACOLA FL 32504			83				
			ŀ	84	City		- 85 Zir	Code
11 Durament	the production of Continue CO7 OF	20 - 1 007 45 00 51 11 01 4						
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, F	authorized lorida Statu	l by ites	the corpora	rporation submits this statement for the patients board of directors. Thereby acceptions	pt the appointment a	ns registered s registered
	Signature, typed or printed name of registered ag	ent and little if applicable. (NO	Tt Registered	Ager	nt a gnature req	uired when reinstating]	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TITLE	MARCUS, MARVIN	L DELETE	1.1 111	Lŧ			Change	Addition
NAME	400 C CEDUACE DO		1.2 NA					
STREET ADDRESS	JERICHO NY 11753				ADDRESS			
CITY-ST-ZIP TITLE	PD DELETE		1.4 C(TY+ST+Z(P) 2.1 T(TLE		1 - Z(P			
NAME	VONLIEBERMANN, DON		I I	2 NAME			Change	L_J Addition
STREET ADDRESS	125 S. SERVICE RD.				ADDRESS			
CITY-ST-ZIP	JERICHO NY 11753		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP					
TITLE	10	3.1 TITLE		1-211		Change	Addition	
NAME	KRAMER, MICHAEL			3.2 NAME				
STREET ADDRESS	125 S. SERVICE RD.				ADDRESS			
CITY-ST-ZIP	JERICHO NY 11753		3.4. CII		1			
TITLE	8 DELETE			4.1 TITLE			☐ Change	Addition
NAME	BATES, LOUISE			4. 2 NAME				
STREET ADDRESS	125 S. SERVICE RD.		4.3 \$16	EE1 /	ADDRESS			
CITY-ST-ZIP	JERICHO NY 11753		4.4 CIT	Y - \$T	- ZiP			
TITLE		DELETE	5.1 Till	E			☐ Change	Addition
NAME			5.2 NA	V E				
STREET ADDRESS			5.3 \$16	EFT A	ADDRESS			
CITY-ST-ZIP	<u> </u>	T one	5.4 CIT		- ZIP			
TITLE		☐ DELETE	6.1100				☐ Change	Addition
NAME OFFICE ADDRESS			6.2 NAM					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	y carlify that the information and the	al saidh thia this a this	6.4 CIT	Y-ST	· ZIF			
information I am an off appears in	indicated on this annual report or si licer or director of the proporation of Block 12 or Block 11 I charged, o	supplemental annual report is the receiver or trustee empoy of an attachment with an ad	true and ac wered to ex dress. Ma	1000 1000 1001	nphon state rate and tha ite this repo	nd in Section 119.07(3)(I), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S KKAMEA	s i further cerlify tha Il effect as if made ui Statutes; and that my	r trie nder oath; thai name