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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 690713 (3)
1. Corporation Name
GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF WEST
LAND MALL, INC.

Principal Place of Business

1685 W. 49TH STREET
HALEAH FL 33012

Mailing Address

125 S. SERVICE ROAD
JERICHO NY 11753-1008



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1981		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-2571422		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF UNIVERSITY MALL, INC. 7171 N. DAVIS HWY 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, MARVIN	1.2 NAME	
STREET ADDRESS	125 S. SERVICE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONLIEBERMANN, DON	2.2 NAME	
STREET ADDRESS	125 S. SERVICE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL	3.2 NAME	
STREET ADDRESS	125 S. SERVICE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, LOUISE	4.2 NAME	
STREET ADDRESS	125 S. SERVICE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address. MICHAEL KRAMER

SIGNATURE

[Signature]

4/22/97

5/6/97

CR2E034 (9/96)