

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



Principal Place of Business
**1665 W. 49TH STREET
HIALEAH FL 33012**

Mailing Address
**125 S. SERVICE ROAD
JERICO NY 11753**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1981	
21	Suite, Apt. #, etc.	26	6900 Jericho Turnpike	4. FEI Number 11-2571422	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Syosset, New York	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	11791	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Nassau	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF UNIVERSITY MALL, INC. 7171 N. DAVIS HWY PENSACOLA FL 32504		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 relisting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, MARVIN	12 NAME	
STREET ADDRESS	125 S. SERVICE RD.	13 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICO NY 11753	14 CITY-ST-ZIP	Syosset, New York 11791
TITLE	PO <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONLIEBERMANN, DON	22 NAME	
STREET ADDRESS	125 S. SERVICE RD.	23 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICO NY 11753	24 CITY-ST-ZIP	Syosset, New York 11791
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL	32 NAME	
STREET ADDRESS	125 S. SERVICE RD.	33 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICO NY 11753	34 CITY-ST-ZIP	Syosset, New York 11791
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, LOUISE	42 NAME	
STREET ADDRESS	125 S. SERVICE RD.	43 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICO NY 11753	44 CITY-ST-ZIP	Syosset, New York 11791
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: *M. V. Marcus* Date: *4/29/98*

CR2E034 (10/97)