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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300004066

Principal Place of Business

SIGNATURE:)

SUPERCUTS CORPORATE SHOPS, INC.

7201 METRO BLVD MINNEAPOLIS MN 55439 US		7201 METRO BLVD MINNEAPOLIS MN 55439 US			3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/02/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	F	Applied For		
21	ado di Basilless	26			68-0203536		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional		
22	.,	27			5. Certifcate of Status Desired	Fee F	Required		
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip			Country	Country 8. This corporation owes the current year Intangit		tangible			
24	25 29 30			Personal Property Tax.					
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name	•		ì		
	SERVICES, INC.		82	Stroot	Address (P.O. Box Number is Not Acceptable)				
526 (E PARK AVE		92	3000	Address (F.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32301		83	T					
	•		<u> </u>	ļ <u>.</u>		- (0-1		
			84	City	FL	85 Zip	Code		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corp	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appo	changing i intment as	ts registered registered		
SIGNATURE									
OICHT (TOTAL	Signature, typed or printed name of registered ager			nt signature	required when reinstating) DATE				
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI	Change			
TITLE	CD 1 1	☐ DELETE	1.1 TITLE		CD	Change	e 🗍 Addition		
NAME	MYRON, KEVIN		1.2 NAME		MUNIN, MYRON				
STREET ADDRESS	7201 MENO BLVD		1.3 STREE	T ADDRESS	1 -				
CITY-ST-ZIP	MINNEAPOLIS MN 55439		1.4 CITY-5	ST-ZIP	MINNEAPOLIS, MN SSY39				
TITLE	PD	DELETE	2.1 TITLE		P	Change	e 🔲 Addition		
NAME	FINKELSTEIN, PAUL		2.2 NAME		MARK KARTARIK		. 1		
STREET ADDRESS	7201 METRO BLVDS		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	MINNEAPOLIS MN 55439		2.4 CITY-	ST-ZIP	MINIEAPOUS, MN 55439				
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	€ ☐ Addition		
NAME	BROSS, BERT		3.2 NAME						
STREET ADDRESS	7201 METRO BLVD		3.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	MINN MN 55439		3.4. CITY-	ST-ZIP					
TITLE	T	DELETE	4.1 TITLE		T	<u>•</u> €hange	e Addition		
NAME	PLATE, PAUL		4. 2 NAME		LANGAN, VICKI		ľ		
STREET ADDRESS	7201 METRO BLVD		4.3 STREE	T ADDRESS	And Comment Coll I Fred A		ļ		
CITY-ST-ZIP	MINN MN 55439		4.4 CTTY-		MINNEMACUS, MN 55489				
TITLE		☐ DELETE	5.1 TITLE		V	Change	e Addition		
NAME			5.2 NAME		PLATE, PAUL				
STREET ADDRESS			5.3 STREE	ET ADORESS					
CITY-ST-ZIP			5.4 CITY-		MINNEAPOUS, MN 55439		ĺ		
TITLE		☐ DELETE	6.1 TITLE		P	Change	e 🖃 Addition		
			6.2 NAME			· - •			
NAME				ET ADDRESS	FINKELSTEIN, PAUL. 7201 METRO BOULGUARD				
STREET ADDRESS			6.4 CITY-		MINNEAPOUS, MN 55439		ı		
CITY-ST-ZIP	i i		0.4 CH 144	012 TIL	THANKSHIPOUL, THE SETS!				

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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, with all other like empowered.

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90037 010 ***150.00

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