

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J19916

(2)

1. Corporation Name

STYLORS, INC.

Principal Place of Business

Mailing Address

~~% LEWIS ANSBACHER~~
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216

% LEWIS ANSBACHER
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1986

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2684944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

640 West 41st Street

2a. Mailing Address

Suite, Apt. #, etc.

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State

28. City & State

23. Jacksonville, FL

29. Zip Country

24. 32206

30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 the corporation

(NOTE: Registered Agent signature required after recording)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
DPT	KERSUN, MICHAEL	640 W. 41ST. STREET	JACKSONVILLE FL
DVP	KERSUN, MIRIAM	640 W. 41ST. STREET	JACKSONVILLE FL
S	KERSUN, SAMUEL	640 W. 41ST STREET	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 or is changed, or as an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Kersun

3/13/95

(904) 765-4453