FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

5-1-95 B-6018NC

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

APPROVED AND FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35628 (3)

1. Corporation Name

FINER CUTS HAIR SALON, INC.

Principal Place of Business: 3090 EAST ALOMA, WINTER PARK FL 32792-3750

Mailing Address: 3090 EAST ALOMA, WINTER PARK FL 32792-3750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1986

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2748563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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 / 2a. Mailing Address

21 / 26

Suite, Apt. #, etc. 22 / 27

City & State 23 / 28

Zip 24 | Country 25 / Zip 29 | Country 30

9. Name and Address of Current Registered Agent

HAROUTUNIAN, VANUSH R.
610 CRANES WAY, #201
ALTAMONTE SPRINGS FL 32701

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	HAROUTUNIAN, EDWARD	3636 VENTURA CLUB CIRCLE	ORLANDO FL
D	HAROUTUNIAN, VANUSH R.	3636 VENTURA CLUB CIRCLE	ORLANDO FL
P	HAROUTUNIAN, JUDY	610 CRANES WAY, #201	ALTAMONTE SPGS. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Judy Haroutunian President 4-28-95 4076715785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416021 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

DOCUMENT # **J37341** **(1)**

1. Corporate Name
GIBSON-HAUGHT-CALLAHAN, INC.

Principal Place of Business	Mailing Address
4149 ST AUGUSTINE RD JACKSONVILLE FL 32207	4149 ST AUGUSTINE RD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1986**	3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2725838**	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	**$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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIBSON, DONALD L. 2696 GREEN STREET JACKSONVILLE FL 32205	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 607.1916, 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 _____ Date _____

12. OFFICER AND DIRECTOR DATA	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Pg. 1)
VP GIBSON, DONALD L. 2696 GREEN STR JACKSONVILLE FL	DVP — X Change ☐ Addition
DP RANKIN, RUTH A. 10110 MERCURY DR JACKSONVILLE FL	X Change ☐ Addition RESIGNED
	DP — ☐ Change X Addition STANLEY A. GIBSON 4149 St. Augustine Rd. Jacksonville, Florida 32207
	DVPS — ☐ Change X Addition ROLAND E. GIBSON 4149 St. Augustine Rd. Jacksonville, Fl 32207
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an asterisk.

SIGNATURE: Donald L. Gibson Donald L. Gibson 4/27/95 904 398 7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0016361 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

AMENDED

95 MAY -1 PM 12:39

TALLAHASSEE, FLORIDA

DOCUMENT # **J38197** **(6)**

1. Corporation Name

FORTUNE CAPITAL FUNDING CORPORATION

Principal Place of Business	Mailing Address
13408 SE 100TH AVE P.O BOX 578 BELLEVIEW FL 32620	13408 SE 100TH AVE P.O BOX 578 BELLEVIEW FL 32620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1986
3a. Date of Last Report: 07/29/1994
4. FEI Number: 59-2731106 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KNOUSE, STEVEN T.
13408 SE 100TH AVE
BELLEVIEW FL 32620

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

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	KNOUSE, STEVEN T.
STREET ADDRESS	13408 SE 100TH AVE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	ST
NAME	KNOUSE, STEVEN T.
STREET ADDRESS	13408 SE 100TH AVE
CITY-ST-ZIP	BELLEVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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: Steven T. Knouse [signature] 3-15-95 (904) 253-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0456593 FP