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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # J58167 (4)

1. Corporation Name

NORMAN'S OF NEW YORK HAIR SALON, INC.



Principal Place of Business

Mailing Address

9045 LAFONTANA PLAZA  
BOCA RATON FL 33434

9045 LAFONTANA PLAZA  
BOCA RATON FL 33434

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/20/1987

3a. Date of Last Report  
02/14/1995

4. FEI Number

59-2775646

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

10. Name and Address of New Registered Agent

ARTZT, NORMAN M.  
3180 HARRINGTON WAY  
BOCA RATON FL 33496

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 607.1509, 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 to include name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

NAME ARTZT, NORMAN M.  
STREET ADDRESS 3180 HARRINGTON WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE ST [ ] DELETE

NAME ARTZT, JUDI A.  
STREET ADDRESS 3180 HARRINGTON WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

NORMAN ARTZT 2/14/96 (407) 488-5818

CR2E034 (12/95)